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A  
TREATISE  
ON  
GONORRHOEA VIRULENTA,  
AND  
LUES VENEREA.



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F. W. F. PURCELL

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LUES VENEREA.

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BY  
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ONE OF THE SURGEONS TO THE ROYAL INFIRMARY, AND  
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SECOND EDITION,  
CORRECTED AND ENLARGED.

VOL. II.

EDINBURGH:

PRINTED FOR G. MUDIE AND SON; AND SOLD BY  
G. G. AND J. ROBINSON, J. JOHNSON, AND  
MURRAY AND HIGHLY, LONDON.

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THE ARTIST

CONORR. IRRULANTA



LUES VENEREA

BENJAMIN BELL

MEMBER OF THE ROYAL SOCIETY OF EDINBURGH  
OF MEDICINE AND SURGERY  
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A  
TREATISE

ON

GONORRHŒA VIRULENTA,

AND

LUES VENEREA.

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CHAP. IV.

*On LUES VENEREA.*

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SECTION I.

*General Observations on Lues Venerea.*

**T**HE Lues Venerea, Syphilis, or Venereal Disease, was first described with accuracy by the authors who flourished about the end of the fifteenth cen-

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ture.



2 tury. This induced many to imagine that it was not previously known in Europe; and Columbus, with his followers, having about this period returned from their first expedition to the West Indies, it has, in consequence thereof, been supposed that they brought this disease along with them.

That the venereal disease might be met with by Columbus when he first landed in Hispaniola, I will not dispute. Like many other diseases, it might not be peculiar to one set of people, or confined to one hemisphere of the globe; but many arguments might be adduced to show that it was well known in the old continent, and that it prevailed among the Jews, Greeks, and Romans, and their descendants, long before the discovery of America. This would lead, however, to a great length of discussion; and being more a matter of curiosity than of real utility, I shall not enter farther upon it at present.

Various definitions have been given by Nosologists of Lues Venerea, but the symptoms

toms of the disease are so numerous, and the appearances which it assumes are so complicated, that no definition sufficiently comprehensive and accurate, can be given of it. In some instances it appears in a particular spot only, and continues apparently local for a great length of time; while in a great proportion of cases it soon contaminates the whole system, producing a greater variety of symptoms than perhaps any other disease with which we are acquainted.

Different opinions have prevailed on the manner in which *Lues Venerea* may be communicated, but it is now certain, that it can be produced in no other way than by the direct application of the matter of contagion to the surface of the body; or by passing, as other hereditary diseases do, from parents to their children. The virus cannot be carried, as was once imagined, from one person to another by the atmosphere, but it may be applied in various ways so as to communicate the disease.

1. In a great proportion of cases the disease is given by one person to another in coition. The venereal matter resting upon one or more points, excites small inflammatory pimples termed Chancres, from which it is carried by the absorbents into the system, for the most part producing, in its way, obstruction and swelling in the contiguous lymphatic glands; and thus forming buboes in the groins.

2. It is frequently given by a diseased child to a nurse, in which case the nipples first become sore, and the matter, as it passes into the circulation, excites swellings in the glands of the axilla.

3. An infected nurse can scarcely give suck without communicating the disease to the child. When this happens from venereal sores on the nipples, sores of a similar nature form on the lips of the child, and the matter from thence is taken up by the absorbents. But a child may



may also be infected merely by sucking the milk of a diseased woman. In this case, the disease does not always appear at first about the mouth of the child: It proceeds more readily to contaminate the system than to produce any local effects. Many indeed allege, that the disease cannot be communicated in this manner, and are of opinion that a child cannot be infected merely by the milk of a nurse; I am convinced, however, from a variety of facts, that the opinion I have adopted is well founded; but we shall have occasion to consider it more particularly hereafter.

4. The foetus may also be infected as it passes from the uterus by the matter of venereal sores in the pudendum of the mother. Of this I have met with many instances. In such cases, one or more sores first appear in particular parts, from whence the matter is carried by the absorbents into the system.



5. I have known different instances of the disease being given to midwives in delivering women with venereal sores about the pudendum.

6. In whatever manner the matter of Lues Venerea is applied to a wound, or to an inflamed or ulcerated surface, the disease will, in a great proportion of cases, be produced. Surgeons, in dressing venereal sores, are sometimes infected in this way; and the disease has been communicated by performing the operation of blood-letting with a lancet that had previously opened a bubo.

7. Although we find in most instances of this disease, either that the matter has been directly applied to a wound or an ulcer, or that by its own acrimony it had induced both inflammation and suppuration before absorption took place, yet cases sometimes occur in which this is not discovered, and where the matter is absorbed while both the cutis and cuticle remain entire. This will most readily happen

happen where the cuticle is thin, as is the case in the glans penis and lips. Hence the system has, in different instances, been infected by matter left upon the lips in kissing, and in drinking out of a cup recently used by an infected person, and in some of these without any ulceration being induced.

This mode of receiving venereal infection is not frequent, but as in various instances I have met with it, while the possibility of its existence is denied by many, I thought it right to mention it, in order to prevent those mistakes, and that mischief in practice which might arise from the prevalence of such an opinion.

So readily does the venereal poison enter the system, that it can scarcely be applied to any part of the surface of the body but with much hazard. For the reasons that I have mentioned, absorption will occur with more certainty in some parts than in others; but I know, from various facts, that scarcely any part of the skin is too thick to prevent it, par-

ticularly if the parts have been rendered tender or irritable, either by inflammation or any other cause. Nay it sometimes happens where nothing of this kind is perceived. In two instances buboes occurred in the axilla, and the patients were poxed by the matter of venereal fores being applied to the fingers where the skin was found; and in another, the disease was communicated by the patient's wearing the same breeches which he had used about three months before, when labouring under extensive venereal fores of the penis and scrotum, but of which he had been entirely cured. He knew that some of the matter had occasionally dropped upon the breeches, but this did not occur to him till the disease appeared about the time I have mentioned, in the form of a large ulcer on the upper part of the penis, and without even the possibility of his having received the infection in any other manner.

It is somewhat remarkable that the venereal virus should so readily enter the  
system

system when applied to any part of the surface of the body, when we find, from a variety of facts, that the absorbents of the stomach and intestines do not receive it. The matter of venereal sores when mixed with water used for washing them, has, in various instances, been swallowed by mistake; but we have no instance of pox being produced by it.

In whatever way the matter of Syphilis is applied to the absorbents, when it has once entered the system the effects which result from it are nearly the same; but at present, I mean, in a great measure, to confine the description of the disease to its rise and progress in the most ordinary form of it, where the infection is communicated by one person to another in the act of coition.

The plan which I mean to pursue is, in the first place, to give an account of the different symptoms of *Lues Venerea* in the order in which they commonly appear; and as our being able to ascertain the appearance of every symptom with precision

is

is an object of the first importance, I shall give a description of each under a distinct head, and at the same time shall point out such circumstances as most clearly serve to distinguish it from other affections to which it bears a resemblance.

2. I shall offer a few observations on the nature of the venereal poison.

3. An account of the different remedies used in Lues Venerea, particularly of mercury, and its preparations.

4. I shall treat of the employment of these remedies in the different symptoms of the disease.

5. Of Lues Venerea, as it appears in new-born infants.

6. Of some peculiarities of form under which this disease has appeared in Scotland and in Canada.

7. I



7. I mean next to treat of prophylactics, or the means of preventing infection.

8. To consider how far *Lues Venerea* is ever productive of other diseases ; and,

9. In an appendix to give formulæ of the medicines enumerated in the preceding parts of the work.

## SECTION II.

### *Of the Symptoms of Lues Venerea.*

#### § 1. *General Observations.*

THE venereal disease appears, as I have already observed, in a great variety of forms. For the most part it occurs locally at first upon some part of the surface of the body, usually upon



on the genitals, from whence it proceeds, and commonly with some regularity, to affect every part of the system. In others, the first symptoms which take place indicates an affection of the constitution, and the disease instead of appearing upon the surface of the body, affects either the throat, bones, or tendons.

When Lues Venerea is not interrupted in its progress by the use of mercury or other remedies, the following is the order in which the symptoms commonly appear: In a great proportion of cases chancre is the first symptom; to this succeed buboes; ulcers and inflammation in the throat; ulcers in the mouth, and nose; eruptions, or blotches, on the surface of the body; ulcers in different parts; nodes, and swellings in the periosteum, bones, and tendons; excrescences about the anus; swellings of the testes; loss of hair from all parts of the body; blindness; loss of hearing, and other anomalous symptoms. In this order I shall proceed to treat of them.

## § 2.

*Of Chancres.*

THE first effect that usually results from the application of Syphilitic matter to the surface of the body, is a slight degree of inflammation. The part becomes itchy, red, and in some degree painful; and nature endeavouring to wash away the irritating cause, a quantity of serum is thrown out under the cuticle, in the form of a small boil or pimple. This soon bursts, and leaves a sore of a corresponding size, foul and sloughy at the bottom, with hard retorted edges, and which, from the corroding appearance which it assumes, has by the French been denominated *Chancre*, a term which we have also adopted.

Chancres do not appear at any certain period after the application of the virus. I have known them form in less than twenty-four hours, while in others six weeks

weeks have elapsed. Three or four days is the most frequent period.

The patient at first feels a sense of titillation over all the glans, and this is often productive of a frequent desire to void urine. On examining the parts some degree of tenderness is often perceived over the whole, but the chancre itself is seldom at first larger than a millet seed, or the head of a middle sized pin.

The cause of chancres appearing at such different periods after the matter of infection has been communicated, is not always obvious; but we may suppose it to depend in some degree upon the acrimony of the matter, and this again may proceed from the matter being more or less diluted with serum, mucus, or pus. It may also in some measure depend upon the state of the parts to which the matter is applied. As these are more or less irritable, inflammation will more or less readily take place from the application of the virus; and where the parts to which it is applied cannot be irritated, and where  
inflammation

inflammation is not therefore produced, no chancres will ensue.

Chancres appear occasionally over all the external parts of generation, and in some instances even on the contiguous parts. I have known them form over the whole scrotum; on all parts of the penis, and even on the lower region of the abdomen, immediately above the pubes. They may indeed form on all the soft parts of the body, but they are most frequently seated on the glans penis, and on the preputium, near to its connection with the glans; the former being covered with cuticle only, and the latter being a thin production of the cutis vera, both are easily made to inflame. We also remark that chancres are frequent about the frenum penis, from the doublings of the skin being here particularly apt to retain the matter by which they are produced. In some instances they form on the very point of the glans, and even altogether within the verge of the urethra. Here, as well as when near to the frenum, they  
prove

prove always more troublesome, and more difficult of cure, than in other parts of the penis.

In some cases there is only one chancre, but for the most part we meet with two, three, or even more; nay, in some instances, they cover almost the whole prepuce. In this case, when they run into one another, none of them are distinct, and the whole, when thus connected, give the appearance of a foul ulcer with hard edges, an unequal surface, and discharging a foetid ill-conditioned matter.

The colour, quantity, and consistence of the matter of chancres is exceedingly variable. It is usually of a dirty green colour, and often tinged with red; the consistence thin, and the quantity large in proportion to the size of the sores. This last circumstance may be owing to the contiguous parts being apt to inflame, and although not ulcerated, to afford matter which we cannot easily discriminate from the discharge of the chancres.

In



In a great proportion of cases the appearances of chancre are so nearly the same, that no person of experience can remain in doubt concerning them; but, as they sometimes vary in size, form, and other circumstances, some discernment is occasionally required to distinguish between them and sores of a different kind. The diagnosis of chancres is indeed a point of much importance in practice. We are apt to conclude that every sore upon the genitals is venereal, a circumstance from which many have been subjected to much inconvenience and distress. Mercury is commonly prescribed, but where the case is not venereal no advantage is derived from it; and the patient, after a tedious and painful confinement, finds the sores in no better state than at first. In all such affections we should recollect, that the penis and contiguous parts are liable to excoriations, pimples, and other eruptive complaints, equally with the rest of the body; nor should we too rashly suppose, as is frequently done, that all such ap-



pearances are venereal. We cannot often, indeed, remain long in doubt upon this point, for chancres are, in most instances, as I have already observed, very distinctly marked; but where they appear in a doubtful form, and especially if the patient has been liable to eruptions similar in appearance, and where no venereal taint could be suspected, some time should be allowed to pass before any decisive opinion is given. Sores in this situation that are not venereal usually heal in the course of a short time, merely by being kept clean, while those that are venereal gradually become worse, if mercury be not employed, or if they are not dressed with escharrotics or astringents. In all such circumstances no remedy should be given that can either promote or retard the cure of the sores, till we are enabled by farther observation to ascertain of what nature they really are.

We are most apt to doubt of the nature of these sores, when, instead of being small and circumscribed, they spread and occupy

py more space than chancres usually do. A real chancre is seldom so large at first as the base of a split-pea; the edges of the sore are elevated, somewhat hard, and painful; but although this is very commonly the case, yet, in a few instances, it is so much otherwise, that instead of a small circumscribed sore, we meet with a slight superficial ulceration, not attended either with pain or hardness, and which, by the consequences that ensue, we find to be venereal. In all such cases certainty will be obtained from time and observation, and in no other manner. Nor can any harm ensue from a short delay; for while this will commonly determine the question, the same course of treatment will afterwards prove effectual which would have done so at first; and in this manner sores may often be cured in the course of a few days, in which, if a course of mercury had once been entered upon, confinement for several weeks would have been judged necessary.

Besides the varieties of chancre which I have mentioned, there is another, which it is proper to notice. Instead of appearing in the form of small circumscribed pimples, or superficial sores, such as I have described, they become suddenly elevated into extensive vefications. In these, a thin, clear lymph is sometimes contained; but more frequently the lymph is tinged with blood. The livid appearance with which this is accompanied gives at first cause to suspect that mortification may ensue, and accordingly chancres of this description have usually been judged to be of a more dangerous nature than others. I have not found, however, that this is the case. Their colour seems to depend entirely on the quantity of blood mixed with the serum which they contain; and on their contents being discharged, and the cuticle removed, the parts beneath have the appearance of a clean, excoriated surface, without being affected in any other manner.

When

When chancres are properly treated from the first, they commonly assume a healing appearance in the course of a few days; but in some instances, owing to neglect, in others to some peculiarity of constitution, and perhaps occasionally to the matter of infection having been particularly virulent, instead of becoming clean, and of a red, healthy complexion, and which they always do before a cure takes place, they become daily more foul, and at the same time more extensive, and if their progress be not stopped by a judicious external treatment, combined with a proper course of mercury, they proceed to form sores of a very considerable magnitude. The danger from these, when seated in the preputium, is inconsiderable; but in the glans, this variety of chancre is apt to go to such a depth as to prove very alarming. The danger is sometimes great from the hæmorrhages with which they are accompanied, and we are often astonished at the rapid progress of the sores. In some instances they extend so quickly as

to destroy a great part of the penis in the course of a few days.

This quick progress, which chancres in some instances make, is, for the most part, supposed to depend upon some peculiarity in the constitution of the patient; for, in general, chancres remain circumscribed, and nearly stationary, for a great part of their duration. But I have reason to think, that in some instances it proceeds from the nature of the matter by which they are produced: I conclude that it is so from chancres of this description being much more frequent at particular times than at others, and from observing them at the same time in different people receiving the infection from the same woman. About two years ago, I met with more instances of this phagadenic chancre in the space of three or four months than I had seen for several years before, and in four of them the infection was traced to the same woman: The chancres in all of them appeared early, and made such rapid progress that  
very



very troublesome hæmorrhages occurred from them in the space of three or four days from their first appearance; and in a small town to which I was lately called for an alarming hæmorrhagy, produced by a chancre, the surgeon in attendance informed me, that in the space of a few weeks he had met with three instances of the same nature, and in which the infection was also traced to the same woman.

Chancres of every kind, and in all their stages, are liable to inflame when roughly treated, particularly when the parts are much fretted by walking, or riding on horseback. This should be attentively guarded against; for inflammation not only promotes the absorption of the venereal virus, as I shall more particularly hereafter have occasion to mention, but when it affects the preputium, phymosis is commonly the consequence, and it proves always an untoward occurrence, as it prevents free access to the sores beneath,

neath, a point of the first importance in the treatment of chancre.

In women, chancres have precisely the same appearance as in men. We chiefly meet with them upon the internal parts of the labia pudendi, on the nymphæ, clitoris, and entrance of the vagina and urethra, but seldom or never altogether within either of these passages. They are most frequent about the under parts of the labia, owing perhaps to the matter by which they are produced being most apt to rest here, and from the same cause they often form upon the perineum, near to the anus. In this situation they always excite a great deal of pain, and are more apt to terminate in deep extensive ulcerations, than in parts not so liable to be injured; for here they are fretted by every motion of the limbs, nor can the patient be seated without pressing upon them.

Whether in men or women, chancres on parts covered with firm skin have a very different appearance from those that form upon parts more thinly protected.  
Instead

Instead of small circumscribed pimples, such as I have described, the skin appears red and tender for a day or two, and without being previously elevated into small vesicles ulcerations break out at once. A foetid viscid matter oozes out, which, on being removed, leaves the bottom of the sores of a foul appearance, and their edges inflamed and ragged; and however entirely this matter may be wiped off, it is soon renewed, and in the space of a few hours forms into a thick firm crust, which either remains till it is torn off, or till it is completely separated from the contiguous parts by the formation of new matter beneath. This kind of sore is most frequent in parts covered with hair; particularly about the root of the penis in men, and above the pubes, and on the perineum in women.

## § 3.

*Of Buboes.*

A venereal bubo is a painful swelling of a lymphatic gland, produced by absorption of the venereal virus. The whole surface of the body having absorbents spread upon it, no contagious matter can be applied to any part of it but with the risk of injuring the constitution. In Lues Venerea the system is sometimes infected by the matter being carried directly into the blood, but for the most part a swelling previously takes place in one or more of the lymphatic glands lying between the part to which the matter is first applied and the heart.

These glands being formed by convolutions of the lymphatic vessels, are apt to be obstructed by any irritating matter which enters them. Hence a venereal bubo is a very frequent symptom of the disease;

disease; and, as it is also one of those which gives the greatest distress and perplexity both to patients and practitioners, I shall treat of it with more minuteness than otherwise I should have done.

The points of most importance in the history of buboes, and which we should therefore be particularly anxious to ascertain, are, the state of parts most favourable to their production; their most frequent situation; the appearances which they assume at different periods of their duration, and the means of distinguishing them from other swellings which they resemble.

I have already observed, that the venereal virus may be absorbed where the skin is sound and entire: Hence *Lues Venerea* may take place where no external mark can be discovered upon the part to which the matter of infection was applied. It must be admitted that this is not a common occurrence; but I have met with it in such a number of well-marked instances, that I have no more doubt of the fact than



than of any other that falls daily and clearly within our observation. It has also happened in a great proportion of these, that a bubo was one of the first symptoms of the disease. I have now a great number of cases recorded of bubo taking place where not a vestige could be traced either of previous Gonorrhœa, chancre, or excoriation.

As the first cases of this which occurred to me gave rise to a good deal of difficulty, by the uncertain and undecisive practice with which they were attended, I think it right in this manner to make it known. At that time it was an established opinion, as it still is with many, that buboes cannot take place without some previous ulceration or formation of matter in the contiguous parts. In the cases to which I allude the cure was therefore protracted to a great length; for till the nature of the disease became more obvious, and which sometimes did not happen till other symptoms appeared, the use of mercury, from which alone relief could be obtained,

obtained, was commonly postponed. The swelling was either supposed to proceed from a strain in walking or riding, or to originate from scrophula, by which a good deal of time was lost to no kind of purpose.

In a former part of this work we have seen that swellings take place in the glands of the groin from inflammation produced by Gonorrhœa: These have, with sufficient propriety, been termed Sympathetic Buboës, and they are by no means uncommon; but the real idiopathic bubo, proceeding from absorption of syphilitic matter, is, in a great proportion of cases, preceded by some obvious local mark of the virus in the contiguous parts; most frequently by chancre. The matter passes so evidently from the chancre along the lymphatics to the contiguous glands, that one or more of these vessels are often found hard and in a state of enlargement, in their course from the sores to the glands. This, in some instances, may happen from inflammation excited by the virus;

virus; in others, it may be altogether the effect of obstruction to the passage of the lymph. In some cases the lymphatics in this state of enlargement become totally unfit for the purposes of absorption; abscesses form in them; and on these bursting, they are succeeded by troublesome sores.

Chancres, in all their stages, and in every period of their duration, will occasionally produce buboes; but it is worthy of remark, that buboes seldom occur but with previous marks of inflammation: Hence they are most frequent in the incipient state of chancres, while the inflammation by which they were produced still prevails. Indeed more buboes take place during the first eight or ten days from the appearance of chancre than in any other period of twice that extent in the whole course of the disease. When the original inflammatory state of chancre is over, and the parts are merely ulcerated without being painful, they will continue in this situation for a great length of time; nor will

will, any tendency to buboes be perceived, till inflammation is by some cause or other induced upon them : Hence we find buboes frequently appear soon after caustic has been applied to chancres, and not uncommonly after the parts have been dressed with precipitate or any irritating ointment. The pain which these occasion, tends, in the first place, to create some degree of inflammation, to which buboes very frequently succeed.

It is not however the higher degrees of inflammation which prove most favourable to the production of buboes. When inflammation suddenly takes place to a great height, and spreads along the lymphatics leading from chancres, the system is not apt to be infected. These vessels appear to be deprived by a great degree of inflammation, of the power of absorption ; probably by their being rendered impervious ; but it is equally certain, as I have already observed, that every slight degree of inflammation, as well as whatever tends to stimulate the extremities

ties of absorbents, excites them more or less to action, and thereby tends to increase their power of absorption. Of this we have daily proofs in the practice of inoculating for the small pox, where we find that infection very rarely takes place, perhaps not once in a thousand instances, if the wound at which the matter of infection was introduced is not excited to inflame: Hence the more irritation that to a certain degree we excite in the act of inoculation, the more certainly is the disease communicated.

I may here advert to another instance of the effect produced by the irritation of lymphatics in promoting absorption. In the application of unctuous substances to the surface of the body, particularly in the use of mercurial ointment, the power of friction is universally admitted; and we cannot suppose that it acts in any other manner than by stimulating the absorbents of the parts. Some indeed have asserted, that no advantage is derived from friction, and that the absorbents would act with equal



equal influence although the ointment was merely applied to them; but this is so directly contrary to the observation of all who have attended to the effects of friction in such cases, that no farther notice need be taken of it\*.

It has been remarked that old venereal ulcers do not produce buboes, and this has given rise to an opinion that the matter of these sores is not really venereal; that is, that it would not contaminate the system were it carried into the blood by the absorbents. Mr Hunter was, I believe, the first who advanced this opinion, and I do not know that it has yet been publicly controverted; but so far as my observation goes, I can decidedly say that it is not well founded. I admit that buboes, or swellings of the lymphatic glands, do not often proceed from venereal sores of long duration, particularly from such as

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arise

\* That Mr Hunter should have been of this opinion, is not easily accounted for. Vide Treatise on the Venereal Disease by John Hunter.

arise from infection of the system ; but although they are not frequent, yet in various instances I have met with them. I have seen them in the neck, from ulcers in the throat ; in the groin, from sores on the toes and feet ; and in the axilla, from ulcers on the fingers and hands : and the cause of their not being more frequent may be easily explained. I have just had occasion to remark, that absorption of the matter of *Lues Venerea* does not readily happen if the parts to which it is applied do not inflame. Now we know that it is one of the most characteristic circumstances of old venereal sores, their being seldom accompanied with inflammation. This is particularly the case in ulcers of the throat, where inflammation does not often take place to any distressful height. Swellings of the glands in the neck very seldom happen therefore from this cause, but still they are occasionally met with ; and I believe that they happen as frequently here, in proportion to the frequency of the true venereal inflammation which takes place

place in these sores, as in any other part of the body. They occur more frequently in the groin and arm-pit, from ulcers on the extremities, than they do in the neck from ulcers in the throat; but this happens obviously from ulcers of these parts being more apt to inflame than venereal ulcers in the throat; and it serves as a farther proof of the effect of inflammation in increasing the absorbent powers of the lymphatics.

In a former work I have shewn the propriety of distinguishing venereal ulcers into two kinds\*. Chancres I would denominate primary ulcers, being the root or source of all farther infection, while all those may be denominated symptomatic which arise from the syphilitic virus having entered the system. That chancres should be more of an inflammatory nature than symptomatic ulcers, and therefore that the matter produced by them should be more apt to stimulate the ab-

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sorbents

\* Vide a Treatise on the Theory and Management of Ulcers.

forbents is not surprising; for we can readily suppose that the matter of these old ulcers must be rendered mild by being diluted. Even the matter of chancres becomes less virulent when the disease has been of long duration; and the discharge of an ulcerated bubo, although the bubo itself was produced by a chancre, is evidently of a milder nature than the matter of chancres; for we seldom or never see new buboes arise in the glands lying contiguous to an old bubo in a state of ulceration: But there is surely no reason from this to imagine that the matter of these sores is not venereal. I believe it to depend upon the cause that I have mentioned. The matter of a sore in this situation must be continually diluted by the lymph which is at all times passing into the gland. This may render it so mild that it will not be capable of stimulating the contiguous glands, so as to obstruct the lymph in its course. It will rather pass easily along with the lymph into the general mass of blood; nor will it produce any

any immediate or obvious effects, even when it has entered the system; for when thus diluted by all the blood in the body, some quantity must be required to accumulate before any irritation will ensue; and till some degree of irritation is excited no evident effect will take place. It must either exist in such a state of acrimony, or in such quantity as to be capable of exciting irritation in some part of the solids, otherwise no mark of disease will occur from it: Hence may be accounted for all those instances of *Lues Venerea* breaking out at very distant periods after infection being communicated, and of the difference which in this respect we meet with in different patients; the disease in some breaking out in the course of two or three weeks from the time of infection, while in others it does not appear for a great many months. Nay there is reason to think that in some it has not appeared till several years have elapsed, and of which I could adduce such proofs as seem to render it certain.



That the matter of old venereal sores is capable of communicating infection few I believe will doubt. Many decisive proofs might indeed be given of it, but I shall only mention the following. When the matter of a chancre excites swelling in the contiguous glands we have few instances during the continuance of the tumour, of the virus passing into the system. The glands will remain enlarged for a considerable time without any mark of the system being injured, probably from the matter of infection being thus stopped in its progress: but when buboes become ulcerated, if mercury be not employed, the disease, for the most part, soon breaks out in the throat and other parts of the body from the matter of these secondary or symptomatic sores having entered the circulation. In some instances, as I have mentioned above, a considerable time elapses before the constitution is injured by the matter of these sores, but it scarcely ever fails of shewing itself at last, and not unfrequently

quently in the course of a short time from the ulceration of the bubo taking place.

When to this we add, that sores of this description are cured in the same manner with every other symptom of the venereal disease; that they daily increase in depth and extent till mercury is employed; and that they commonly put on a healing appearance in the course of a short time after this medicine has been used, no doubt can remain of their being venereal. Every practitioner knows that in the treatment of venereal ulcers, sores sometimes remain after every attempt that can be made to cure them, and long after the virus of the disease is removed by mercury. This, as I shall hereafter have occasion to mention, may happen from various causes; but it is not this state of these ulcers which we have now been considering: It is the real venereal ulcer of which we are now speaking, where the nature of it has not been changed, nor the virus of the disease removed by the use of mercury.

Venereal buboes are most frequently seated in the groin. This necessarily happens from the manner in which Lues Venerea is usually communicated; for it is the lymphatic glands most contiguous to the parts first infected that most commonly swell. Few instances indeed occur of the virus passing through these and fixing upon others: Hence buboes arising from ulcers of the lips and gums are seated under the tongue, and beneath the lower jaw; from ulcers in the throat, the glands of the neck become affected; from sores on the fingers and hands, the glands swell about the wrist, elbow, and in the axilla; and the glands about the knee, and on the upper part of the thigh, are most apt to swell from sores of the toes and feet,

In each groin, and somewhat higher than the root of the penis, there is a cluster or string of lymphatic glands, chiefly formed by the lymphatic vessels of the penis and contiguous parts. It is the most contiguous of these glands to the penis that are most frequently obstructed by the matter

matter of chancres. It is proper, however, to remark, that buboes sometimes appear from the same cause in a string of glands that are more than an inch lower than these, owing to the lymphatic vessels of the penis passing in some instances out of their usual course and stretching down to these glands. From want of attention to this structure of parts, buboes in this set of glands have commonly been supposed to proceed from the system being infected, unless where they could be obviously traced to an ulcer in the foot or leg; but we may here observe once for all, that buboes never occur from a general affection of the system alone. They proceed, I believe, in every instance from matter absorbed from a particular spot, and producing, as we have already perceived, obstructions in the lymphatic glands lying in its course to the heart. So evidently do buboes originate from local affections, that in chancres of the penis the glands in the corresponding groin commonly swell. When a chancre is  
seated

seated upon the frenum, or on any other part of the middle of the penis, the glands in both groins are equally apt to swell; but in chancres confined to one side of the penis, or to one side of the scrotum, we meet with few instances of the glands in the opposite groin being obstructed.

In a great proportion of cases only one of the whole string of glands becomes affected; but occasionally it is otherwise. I have known four distinct buboes on one side, and three on the other at the same time, but in such cases we always meet with more chancres than one; for the most part indeed the penis is in this case nearly covered with sores.

Were the whole lymphatic glands between the heart and the part at which the matter of Lues Venerea enters the system liable to be hurt with it, this disease would be productive of still worse consequences than commonly ensue from it. Glands lying within the cavity of the abdomen would swell and suppurate, from which the greatest danger might ensue; but this  
does



does not happen. Scarcely an instance can be adduced of any internal glands being affected by the matter of syphilis; but this does not depend, as some have imagined, upon the tendency of this disease to affect the more external parts of the body only. The most obvious cause of it is, that the venereal virus is always absorbed from the surface of the body: We have seen that the first glands that it meets with are those in which obstruction most readily takes place, and I have suggested what appears to be the the most probable reason of the more deep seated glands not being so liable to suffer, namely, the stop which the swelling of the first set of glands gives to the farther absorption of matter, and the diluted state of the matter itself in the progress of the disease; by which it becomes incapable of exciting that degree of irritation necessary to produce absorption, or, if absorbed, that it is rendered so mild as not readily to produce obstruction in any of the glands to which it is carried. If the matter of

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Lues Venerea was applied to any internal part of the body, so as to excite ulceration, we have no cause to doubt of the effects resulting from it being the same that ensue from it externally. The contiguous glands would be first affected, and from thence it would proceed to the rest of the system; but the disease never being communicated in this manner, none of the glands seated internally can ever be injured.

These circumstances being premised, I shall now enumerate the appearances and symptoms of buboes, with the means of distinguishing them from swellings which resemble them. It must be kept in view that it is the real venereal bubo of which we are now speaking, and not that inflammatory swelling with which the glands in the groin are often attacked in Gonorrhœa; a description of which was given in Chap. III. Sect. IX.

The most frequent seat of bubo, as we have seen, is the groin, and a description of it in this situation will be sufficient.

cient. The first symptom of bubo is a slight degree of pain. This excites the attention of the patient, when, on handling, a small hard knot is discovered. In some cases this is accompanied both with pain and tension, stretching along an enlarged lymphatic vessel, in the form of a small cord, all the way from the penis; but for the most part the tumour is distinct, and not apparently connected with any other disease. Even where two or more buboes take place at the same time, although near to each other they are always distinct and unconnected at first, in so much that the patient himself very commonly points their separation out.

If mercury or other discutients be not employed, the tumour becomes in a gradual manner larger, and from being, as it commonly is when first perceived, of the size of a kidney bean, by the eighth or tenth day, and often sooner, it is usually of the size of a pigeon's egg. From the first appearance of a bubo there is some degree of rotundity in the form of it. In  
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the middle it is somewhat raised and prominent, and becomes flattened towards the sides, a form which it preserves during its whole progress. As the tumour becomes large, it also becomes more painful; and the pain, which at first was confined to the bubo itself, spreads over all the contiguous parts. The patient complains upon the slightest degree of pressure, and he cannot walk or move but with much uneasiness.

Even when of this size, buboes will sometimes be removed by discussion; but when this does not happen, the swelling, which till this period usually retains a considerable degree of firmness, becomes in a gradual manner softer and more prominent; the skin, which for some time retained its natural colour, becomes red and tender; some degree of fever is apt to take place, and in some it is accompanied with slight shivering fits. A fluctuation of matter is at length discovered; at first upon the surface of the tumour, afterwards in other parts of it, and on being discharged, either

ther by the tumour bursting, or by an opening being made into it, the parts are found to have all the appearances of a common abscess containing purulent matter.

The time which elapses in this progress of bubo, from the first appearance of the tumour till maturation is completed, is exceedingly variable, and depends upon a number of circumstances; upon the age and habit of body of the patient; upon the degree of pain and fever which take place; and on the gland being superficial or deeply seated; for we find by experience, that deep-seated swellings do not so easily or so quickly suppurate as those which are immediately beneath the skin. Where the constitution is much relaxed and debilitated, buboes often remain indolent and stationary for a great length of time, while, during the full vigour of health and youth, they usually come quickly forward: When accompanied with much pain and some degree of fever, from the first their progress in general is rapid, while



while they always advance slowly when the pain is moderate. One general observation may be made upon the maturation of venereal buboes, that they suppurate more quickly than glandular swellings of any other kind, and more slowly than common abscesses in the cellular membrane.

Those who are not versant in this branch of business are apt to imagine, from the description which they have perused of the appearances of buboes, and perhaps from their having met with a few instances of the disease in its ordinary form, that no difficulty or doubts can occur concerning them; but this is far from being the case. Where a glandular swelling, such as I have described, appears in the groin, either during the continuance of chancres, or soon after sores of this nature have healed, there will be no cause to doubt of its being venereal: But buboes do not always appear in a simple unmixed state. They are sometimes combined with other diseases, where they necessarily assume other appearances; and they occur  
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in some instances, as I have already mentioned, without being preceded by the least vestige of ulceration. This last circumstance of itself is commonly the cause of much doubt, but the difficulty is increased when the tumour is not altogether venereal.

Swellings with which buboes may be confounded, and from which therefore it is proper, with as much accuracy as possible, to distinguish them, are of different kinds. In some cases these swellings appear in a simple unmixed state, in others they are blended with the real venereal bubo.

1. The most frequent cause of this kind of perplexity, is scrophula. When the venereal disease takes place in scrophulous constitutions, buboes, as well as almost every other symptom, not only become much more obstinate, but assume appearances perfectly different from such as occur in the ordinary form of either of these diseases. Nor is it necessary that practi-

tioners only should be acquainted with this. It should be made known in the most unequivocal manner to patients, otherwise they are apt to be perplexed and disappointed, and to blame those who have the charge of them, for what it is not often in the power of art to prevent.

Where evident symptoms of scrophula have previously taken place, or where that disease obviously exists at the time, there is no great difficulty of convincing patients of any symptom of *Lues Venerea* with which they are attacked, being likely to partake of it; but they should also know, that during the continuance of *Lues Venerea*, symptoms of scrophula frequently appear where that disease was not previously suspected to exist, and which otherwise might never have taken place. Of this I have met with many instances, where a scrophulous taint, which had till then remained concealed, broke out at once with much violence on the system being attacked with *Lues Venerea*.

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We judge that a bubo partakes of scrophula, when, instead of yielding to a proper application of mercury, or coming forward to suppuration in the time which venereal buboes commonly require, it either remains stationary or advances in that slow gradual manner peculiar to tumours of a scrophulous nature. Tumours altogether venereal do not advance so rapidly as common abscesses, but they come much more quickly forward than those arising from scrophula. In most instances, a venereal bubo, when allowed to suppurate, arrives at full maturity in the space of four or five weeks; often in less time than this, from its first commencement; whereas, when conjoined with scrophula, two or three months will pass over before this takes place. The pain, instead of being smart, as happens in buboes, is more of a dull obtuse nature. The swelling at first, instead of being firm, as we have described it to be in buboes, is somewhat soft and compressible, like dough; and even when matter is fully

formed in it, the firmness and tension attending it is less. Neither is the redness of the teguments, which takes place as the swelling comes forward, of such a bright hue as in buboes.

This kind of connection between Lues Venerea and scrophula, may, in some instances too, be discovered by the size of the tumour. The true venereal bubo is no doubt very variable in point of bulk, but it never becomes so large as tumours of this mixed nature commonly do. Few of the former ever surpass the size of a pullet's egg, but the latter are not unfrequently two or three times larger than this. I have at present two instances of this kind of swelling stretching from the root of the penis, nearly to the spine of the ileum.

2. Venereal buboes are apt, in the course of their progress, to be attacked with erysipelas. When this does not happen till towards the latter stage of the tumour, it does not give any cause for doubt or difficulty,



culty, the real nature of the primary disease being previously rendered obvious. But when a bubo acquires an erysipelatous appearance at first, as sometimes happens, the practitioner and the patient are both apt to be deceived. Tumours of this description, instead of being circumscribed, with their limits distinctly marked, as happens in buboes, are commonly diffused, and terminate in a more imperceptible manner in the contiguous parts. Instead of the vivid complexion of common inflammation, they are of a more deep copper colour, and the inflammation with which they are attended appears suddenly, instead of approaching in a more gradual manner.

I may also remark, that in buboes, accompanied with erysipelas, the pain appears to be superficial, and is always attended with a burning degree of heat, instead of that deep-seated throbbing uneasiness which takes place in the latter stages of the true venereal bubo.

3. Lumbar abscesses have in some instances been mistaken for buboes. This, however, may at all times be easily avoided, and can never occur but from ignorance or inattention. Practitioners of experience will easily distinguish by manual examination, the difference between the one and the other. In the one the swelling is seated in the cellular substance, while it is in the body of a gland in the other. Whoever has once handled these different parts in a tumified state will be at no loss to distinguish between them; and to those who have not had this opportunity it is perhaps impossible to mark the difference by description. I may remark, however, that these two swellings, are for the most part sufficiently distinguished by the symptoms which precede and attend them. If buboes be not always preceded by chancres, lumbar abscesses are universally attended with pain about the small of the back and in the loins. This symptom indeed very commonly occurs as a forerunner to the tumour in the groin, and  
almost

almost in every instance, before the tumour appears the patient is much debilitated by the fever with which he is attacked from the first formation of the disease, and which seldom in any considerable degree happens in bubo.

4. In some cases, both inguinal and femoral herniæ have been mistaken for buboes. Of this I have known different instances on the part of the patient; nor is it surprising that it should be so, for both kinds of swelling appear nearly in the same part; they are neither of them attended with any alteration in the colour of the skin, when they first appear; and they are both, for the most part, accompanied with some pain; but still the difference between them is so obviously marked, that one can scarcely suppose it possible for any practitioner, however ignorant he may be, to fall into any difficulty upon this point, did we not know that in different instances it had happened. Herniæ have not only been

mistaken for buboes, but buboes have been treated for herniæ.

Besides the very marked distinction which occurs between buboes and herniæ, in the appearances and other circumstances immediately connected with the tumours, and with which every practitioner should be acquainted, hernia is for the most part sufficiently distinguished from the other, by the sickness, obstruction of the bowels, and other symptoms with which it is accompanied; and which ought also to be so generally known that to enumerate them more particularly would be altogether unnecessary.

5. Ulcers in the feet and legs, from whatever cause they may arise, occasionally produce swellings in the glands of the groin, which in some instances, have been mistaken for buboes. The chief means of distinction are these; our knowledge of the original sore; the seat of the tumours, these swellings being commonly on the fore part of the thigh, and somewhat

what lower than the ordinary seat of buboes; and lastly, their being attended with little or no pain, and very seldom proceeding to suppurate, but rather continuing indolent, and nearly of the same degree of hardness from the first. Even when they contain matter the skin seldom loses its colour; a circumstance which never happens with buboes in a state of suppuration.

Women labouring under the venereal disease are equally liable to buboes with men; and the disease is so exactly similar in both that a description of it in the one sex renders it almost unnecessary to speak of it in the other. The only circumstance in which they are different is the situation of the tumours.

From the course of the lymphatics not being exactly the same in women the site of buboes in them must necessarily be different. I met with one instance of a bubo exactly upon the middle of the mons veneris: for the most part, however, they are seated on the course of the round ligaments,



ments, near to where they enter the abdomen, or higher in the groin; somewhat nearer the pudendum, than in men. These last become equally large with buboes in men: but the others, it has been remarked, remain small, and still more circumscribed than buboes in their ordinary situation.

The symptoms we have hitherto been describing, namely Chancre and Bubo, are at first always local; that is, they are never produced by, although they are very commonly productive of, what may be called the Constitutional State of the Venereal Disease. This has induced some to treat of these symptoms as distinct and unconnected with the constitutional disease; and there would be much propriety in their doing so, were it possible to determine when the matter of chancre or of bubo has entered the system or not. But so far as I know this has never been done; and there is much cause to imagine that no attempt towards it will ever prove successful. Some ingenuity has been shewn  
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in endeavouring to ascertain the time which must elapse between the first appearance of chancre and ensuing absorption by the lymphatics; and even during this period, the disease, it is said, should be considered as local. To me, however, all such attempts appear to be both futile and dangerous. The point in question can never, in my opinion, be ascertained, and while a different idea of it prevails, the constitution must in many instances be injured, as it must be apt to lead, as with some it has already done, to a very hazardous practice, a dependence in the treatment of these symptoms upon local remedies. Chancres and buboes may both remain in a local state for a great length of time. Nay, it is possible that their cure might sometimes be accomplished without any of the matter arising from them entering the system; but as this is mere conjecture; as we have no method of distinguishing whether it happens or not, and as we know from daily observation that in almost every instance  
the

the constitution is injured even by the slightest degree of these symptoms, I judge it in every respect better to treat of them as part of a constitutional disease.

The next symptom we have to describe is universally allowed to originate from the virus when it has entered the system.

## § 4.

*Of the Venereal Sore Throat.*

IN whatever part of the body the matter of syphilis may have entered the lymphatics, we find it particularly apt to attack the throat. This does not happen, however, at any certain period. I have known it fix upon the throat in the course of ten days from the first appearance of a chancre, while in some instances the throat remains sound till several months after every external mark of the disease has disappeared.

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In addition to what I have already had occasion to say upon this, I may observe, that the throat, as well as other parts of the body, are most apt to be soon affected when no buboes take place. When the matter passes directly into the system, along the absorbents, the infection shews itself more early than where it is first stopped by buboes and afterwards taken up by the lymphatics on these swellings becoming ulcerated.

In the venereal fore throat, some degree of uneasiness is commonly felt in swallowing for several days before any other symptom is perceived. A sensation of fulness and tenderness takes place, but not much pain. In some cases this prevails over the whole throat, but for the most part on one side only. Unless there has been some recent cause for suspicion the disease is supposed to proceed from cold; but the symptoms continuing, and inspection being made, an ulcer is in most instances discovered on the part of which he complained at first.

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These ulcers in some cases make their first appearance upon the uvula, but more frequently upon one or both of the amygdalæ. On first inspection they are commonly small, but always foul, and accompanied with some degree of fulness or swelling, and with an erysipelatous redness of the contiguous parts.

In most instances the ulcer remains stationary for a considerable time, not going to any considerable depth, nor spreading to any greater extent than it occupied at first; but in others, unless the most effectual remedies are immediately employed, the ulcer not only becomes deep but spreads to a great extent, and in some cases with such rapidity, that I have known the uvula and all the contiguous parts become diseased in the course of a few days. In some the ulcer, in its course, gives only the appearance of foulness to the contiguous parts, which become covered with a yellow coloured slough, somewhat resembling the buffy coat of inflammatory blood; while in others it spreads in the  
form



form of a corroding sore, and destroys all the parts as it goes along. It sometimes destroys a great part of the tonsil before leaving it, but it more frequently spreads along the arch reaching from the tonsil on which it is seated, to the uvula, and which, together with the contiguous parts of the *velum pendulum palati*, are commonly destroyed before the other tonsil becomes affected.

Even in this advanced state of these ulcers the patient seldom complains of much pain, if it be not during the action of swallowing. A general and very distressful degree of uneasiness is felt over the throat, but the pain is seldom so acute as the extent and appearances of the sores would give cause to expect. Wherever much pain takes place, we find that it proceeds not from the sores, but from that kind of erysipelatous redness with which the contiguous parts are very apt to be attacked; and by which such a distressful burning sensation is sometimes induced

duced over the whole throat as renders the patient at all times very uneasy.

In some cases of the venereal sore throat this inflammatory redness takes place without ulceration. If not prevented by mercury, ulcers would no doubt form at last; but I have known the parts remain swelled, and accompanied for several weeks together, with that deep copper-coloured complexion so highly characteristic of *Lues Venerea*, and without any degree of ulceration being observed. The disease in this state, although commonly fixed on one side of the throat at first, is very apt to leave it suddenly and go to the other; and this we find will happen again and again, till the one side becomes ulcerated, by which it is kept fixed to a particular spot.

Where the throat is affected in this manner, that is, where it is attacked both with the venereal virus and erysipelas, a very distressful symptom commonly takes place, a constant heat and irritation over the whole fauces, by which the patient is kept

kept under a perpetual desire of clearing his throat, of an acrid, viscid mucus, with which it becomes from time to time so much stuffed as to require a great deal of exertion to throw it off; and it prevails equally at all times, even during meals, as well as when the patient should be at rest.

That it is chiefly by the irritability which takes place here that this acrid mucus is produced I conclude to be the case, from finding that nothing tends so much to remove it as soothing anodyne applications, conjoined with the internal use of opiates.

It is chiefly in this inflammatory state of sore throats, that patients in *Lues Venerea* are seized with deafness. Deafness may happen from other causes, as we shall afterwards have occasion to mention, but in this case I believe it to proceed from the inflammation spreading to the tuba eustachiana, so as to render it impervious. Inflammation may act in producing deafness, either by stuffing this

passage with mucus or by exciting adhesion between the sides of the duct. In the one case the deafness may only be temporary, but in the other it must necessarily, to a certain degree, remain permanent.

In most instances the venereal sore throat does not go deeper than the soft parts; producing sores, such as I have described, of various degrees of magnitude; but where the disease has either been too long neglected, or where mercury and other remedies employed for it, do not prove successful, the bones themselves come in some cases to suffer. I have known it happen with the upper vertibræ of the neck, and not unfrequently with the bones of the palate and back part of the nose.

One of the most distressful circumstances which practitioners meet with in diseases of the throat is, the uncertainty of distinguishing between venereal sores of these parts and others which resemble them, by which a good deal of time is either

either altogether lost, or employed with much doubt and undecision. From this cause alone ulcers are sometimes allowed to spread, where it might with ease have been prevented by a timely use of mercury; and in other instances patients are put upon the use of this remedy where it ought not to be employed.

The symptoms most apt to be mistaken for *Lues Venerea* in these parts are, those ulcers which occasionally succeed to long continued cases of catarrhal inflammation, and such as sometimes take place as the consequence of too much mercury, or of the patient being exposed to cold while under a course of mercury.

The chief means of distinction between venereal ulcers of the throat and such as succeed to inflammation are these: ulcers from inflammation very commonly succeed to abscesses; they are usually clean, of a florid red appearance, and accompanied with a good deal of pain. The real venereal ulcer again seldom or never produces abscess, and in the first place it al-



ways forms upon the surface. It is never clean till remedies have been employed for rendering it so; and although always accompanied with a good deal of uneasiness, the pain attending it is never acute. I may also remark, that in the common inflammatory sore throat, the contiguous parts do not usually assume that erysipelatous colour which very universally takes place in venereal ulcers, nor are they apt to induce that plentiful secretion of acrid mucus, and the symptoms which ensue from it, which I have shewn to be frequent consequences of the other.

Hereafter I shall have occasion to speak more particularly of that variety of sore throat arising from the effects of cold when under mercury, as well as from an over-quantity of mercury having been employed. At present I may remark, that this is distinguished from the venereal sore throat by a very considerable fulness or swelling, not only in both tonsils, but over the whole fauces, together with some degree of tumefaction of the parotid gland,

as well as of all the salivary glands; circumstances by no means connected with venereal affections of these parts. The parts are not so apt to ulcerate as in the venereal disease, and any sloughy appearance which takes place upon them, instead of being of a buffy colour, as happens in the other, is white and milky, somewhat resembling those apthous crusts so frequently met with in the mouths of new-born infants. These sloughs too are more extensive than in venereal sore throats. In the latter, they are always confined to such parts as are inflamed, while, in the other, they commonly extend a considerable way upon the contiguous parts.

The natural unequal surface of the amygdalæ, has, in some instances, when in a state of inflammation, been mistaken for venereal ulcers: this mistake however may always be avoided, and never can happen but from ignorance or inattention.

## § 5.

*Of Venereal Ulcers in the Nose and Mouth.*

CHANCRES, or primary venereal ulcers, arise occasionally, as I have already had occasion to remark, both in the nose and mouth: but sores of this description, wherever they are seated, having been already described in § 2. of this section, we are now to treat of those only which originate from the system being infected.

Next to the throat the matter of this disease fixes most frequently upon the nose, which, so far as I have had opportunities of observing, is more apt to be attacked with it than the mouth. I need scarcely observe, however, that some variety occurs in this. In a few cases the mouth is attacked before either the nose or throat. In others the disease appears first in the nose; but, in a great proportion of cases, it

it follows the progress I am describing; after being for some time fixed in the throat it goes to the nose, if the disease is not stopped in its course by a proper use of mercury. I may also remark, that although the ulcers in the throat should be cured by mercury, if a sufficient quantity be not employed for eradicating the virus, the disease, when it again breaks out, will appear most readily upon the nose, in the same manner as if no mercury had been given. This, however, is not universally the case; for in some instances we find it return to the parts where it was last seated, and after again fixing upon the throat it proceeds to the nose, as it would have done at first if it had not been interrupted.

The matter of *Lues Venerea* however does not attack every part of the nose indiscriminately. Some have remarked that it has a particular tendency to fix upon the external parts of the body; that this always happens in the first instance, and when it proceeds from these to such

as are more deeply seated that it does so with some regularity, by attacking such parts first as are most thinly covered. This, however, does not happen with any kind of uniformity, and seems only to have been noticed for the purpose of supporting an opinion. Instead of going first to the skin, which it would do were this opinion well founded, the throat, as we have just seen, is most apt to be attacked; and when it goes to the nose and mouth, it is not even the most external parts of these that are first apt to suffer.

In a few instances the disease no doubt appears first upon the outward parts of the nose, but in a great proportion of cases the more internal parts are previously attacked: The patient at first complains of a troublesome stoppage in one of his nostrils, accompanied with some degree of tenderness and pain at a particular point. This is often so deeply seated in the nostril that it cannot be seen, being frequently upon some part of one of the ossa spongiosa; but when the under part of the passage is diseased,



diseased, together with a fulness of the membrane of the nose, a small foul ulcer is perceived, which is either covered with a white slough, or a firm brown crust; and on this being removed, although the parts beneath may appear clean and red, they soon become equally foul and sloughy as before.

In the commencement of these ulcerations, the discharge is commonly small; but on longer continuance, the matter forms in greater quantities, when it usually becomes thin and foetid. If the ulcers are seated on any part of the ossa spongiosa, the bone soon becomes diseased, and the matter acquires a black dirty colour; it becomes larger in quantity, and the foetor still more considerable than at first. In this stage of the disease large portions of these bones are apt to separate and come away; but before coming this length, other symptoms have commonly made their appearance. A weeping eye, as it is termed, or a constant flow of tears over the cheek, frequently occurs in this stage of the disease, owing to the under  
end

end of the lachrymal duct, which terminates behind the os spongiosum inferius, being apt to be stopped by the disease of this bone. The sense of smelling becomes impaired, and in some is entirely destroyed; and the figure of the nose is at last affected, in the first place becoming swelled, red, and painful, upon the parts immediately above those that are ulcerated, and afterwards losing its prominency by the bones of which it is formed coming away. This does not happen while the disease is confined to the spongy bones of the nose; but the septum itself becomes affected, in which case there is always much hazard of the face being disfigured by this bone giving way, when the nose is apt to fall nearly or entirely flat.

This is the usual course of ulcers in the nose; but instead of attacking the internal parts in the first instance, we meet with them occasionally upon the cartilaginous parts of the nose, in which case they commonly begin with some degree of inflammation of the skin. After the  
skin

skin has remained red and tender for some time, small ulcerations appear upon it, and these at last running together, a fore of greater or lesser extent is formed by the whole. Like all other venereal sores, ulcers in this situation are always foul; the matter they discharge is thin and offensive, and the skin for some way round their edges is of an erysipelatous red colour. When the cartilaginous substance of the nose becomes affected, the sores are apt to put on a cancerous appearance; nor has mercury the effect of stopping their progress so readily here as in other parts of the body: This has in some instances been the cause of venereal ulcers in this part being treated as cancers, by which, even after being extirpated, the disease has again returned, when a cure might easily have been accomplished by the mercury having been continued for a due length of time at first.

Every part of the mouth is occasionally the seat of venereal ulcers; but although they appear from time to time on the inside

side of the cheeks and on the gums, they are most frequent upon the palate and tongue. In other parts of the mouth these ulcers appear without any previous warning, being for the most part fully formed on being first noticed; but in the palate ulceration seldom takes place till the parts have been inflamed for some time. A deep copper-coloured spot is at first perceived somewhere between the uvula and middle of the palate. This at last becomes ulcerated; and it is worthy of remark, that in no part of the body do venereal sores advance with such rapidity as they do here. In this respect they are different even from venereal sores in the throat. These last, as I have already had occasion to remark, seldom proceed to any great depth, nor do they advance with much quickness; but here their progress is not only rapid, but they go at once to the full depth of all the soft parts covering the bones, and in most instances soon do much injury to the bones themselves. I have known the bones of the palate become diseased

eased in the course of a few days from the first appearance of ulceration; and it is not uncommon to find a great part of the *velum pendulum palati* destroyed in the space of a few days from the time that it was first perceived to be affected.

Venereal ulcers of these parts have at times been mistaken for, and treated as ulcers of a very different kind, but with due attention this may perhaps in every instance be prevented. We are more apt to fall into the error of treating other sores as venereal.

Both in the mouth and nose venereal ulcers have been mistaken for cancerous sores; and in the nose they sometimes bear a resemblance to herpetic affections. From both of these we distinguish them, not only by the history of each particular case, but by the different appearances which these affections actually assume. Where a patient with herpetic eruptions on other parts of his body is attacked with sores of a similar nature upon his nose or lips, there will be reason to think  
that



that they originate from the same cause ; but where this is not the case, and particularly when it is known that the patient either labours under Lues Venerea at the time, or that he was lately affected with it, and not properly cured, this of itself must give ground to suppose that they are venereal. Herpetic sores seldom go to a greater depth than the skin ; whereas venereal ulcers, whether on the nose or lips, are apt to penetrate deep into the parts upon which they are seated.

Cancerous sores are distinguished from these, as well as from every other variety of ulcer, by the schirrous hardness with which in every part of the body they are accompanied ; and they are particularly distinguished from venereal ulcers by the smart shooting pains which they always excite ; a symptom which does not usually occur in the others.

The mouth is equally liable with the throat to sores from an over quantity of mercury, and from patients being exposed to cold when under the use of it. These are

are more difficult to distinguish than any others from the real venereal ulcer; for besides the resemblance which in some circumstances they bear to them, as they commonly occur while the patient is under cure of some symptom of syphilis, this of itself is apt to create suspicion concerning them. Independent of this, the very situation of the sores gives some cause to suppose that they may be venereal, so that we are apt to consider every ulcer on these parts as being of this nature.

Sores arising from this effect of mercury, although somewhat resembling the true venereal ulcer, may readily be distinguished from it by whoever has paid attention to this branch of business. Venereal ulcers are circumscribed, and in the mouth, whether upon the inside of the lips, cheeks, gums, or tongue, they are always of a corroding and somewhat of a cancerous appearance. There is seldom at first more than one sore, which does not, however, continue long stationary, for in this situation venereal sores extend quickly.

quickly. Now sores arising from mercury are always diffused, and we commonly find them in different parts of the mouth at the same time. Like the first appearance of the venereal ulcer in these parts, they are always superficial, but they have not that corroding aspect which the other assumes; and although foul and sloughy, their colour is materially different from those that are venereal. The latter are commonly of a dirty brown colour, in some instances with a slight tinge of yellow; whereas the other has always a whitish appearance, as if the patient had newly been drinking milk.

The situation of the sores also affords some means of distinction. Those arising from mercury seem to be induced chiefly by the pressure of the teeth and gums upon those parts that are more particularly acted upon by the medicine; so that we always find them where the swelling is greatest, and the pressure most considerable: Hence they are most frequent on the sides of the tongue; near to the angles  
of

of the jaw; and on the insides of the cheeks; and when they take place in one of these situations, we usually find them prevail over the others. Now the true venereal ulcer attacks one part just as readily as another; seldom at first more than one part at once, and we find it fully as frequent upon the upper part of the tongue, and between the tongue and the teeth, where pressure has little or no influence, as in other parts of the mouth.

With due attention to these appearances, and to the history of the case, no practitioner of observation will ever remain long in doubt; but where any uncertainty takes place, the best method of removing it is to desist entirely from the use of mercury. If the sores are venereal they will soon become worse, if not, they will soon disappear when the swelling and tenderness induced by the mercury are gone. I think it proper, however, to remark, that this kind of sore does not always heal as soon as might be expected. In some instances, the swelling of the

mouth, produced by mercury, continues for a great length of time. I have known it in a very obvious manner more than two months after any mercury had been exhibited. In such cases, the sores proceeding from this cause do not readily heal; and where due weight is not allowed to the effect of this, more mercury is in such circumstances apt to be given, by which the constitution is not only often injured, but the very sores for which the medicine was prescribed are rendered worse. In some cases this no doubt proceeds from inattention or want of experience on the part of the practitioner; but it also often originates from the fear and anxiety of patients, who, doubting of the real nature of the sores, and dreading their influence upon the constitution, are often so impatient, that in a concealed manner they persevere in the use of mercury long after they have been desired to lay it aside.

I have insisted the more upon this from a very considerable number of cases having fallen within my observation of the  
most



most distressful consequences being produced by measures of an opposite nature being pursued.

Patients are so easily alarmed with whatever gives cause to suspect that the virus is not entirely removed, that even the most trifling circumstances, when treated with inattention by practitioners, may be followed with very important consequences. A spoiled tooth, with sharp ragged edges, is very apt to produce a sore upon that part of the cheek or tongue to which it is contiguous; and as it takes place in a slow imperceptible manner, without exciting pain, and produces a foul sore, somewhat resembling a venereal ulcer, if the real cause of it be not discovered and removed, very troublesome consequences are apt to ensue from it. From this cause alone I have known a patient put under a tedious course of mercury, which, with common attention, would not have happened; for wherever an ulcer forms, either on the inside of the cheek, or on the tongue, the state of the conti-

guous teeth should be examined ; and where any spiculæ, or inequalities are discovered, the whole should be removed, and due time allowed for the sores afterwards to heal, before any other method of cure is recommended.

## § 6.

*Venereal Blotches.*

NEXT to the parts which I have mentioned, the matter of Lues Venerea is most apt to fix upon the surface of the body in the form of eruptions, or what are commonly termed Blotches. In a few cases the skin is affected before either the throat, nose, or mouth ; but this is by no means frequent.

Every part of the body is liable to these blotches, but they appear more frequently on some parts than on others. The cause

cause of this is difficult to explain, for when the whole system is affected, we cannot *a priori* say why one part should more readily be attacked than another, but there is no doubt of the fact. In accounting for this disease fixing most frequently upon the throat, nose, and mouth, some have ingeniously suggested that there is probably some particular attraction between mucus and the matter of this disease, from these parts being plentifully supplied with mucous glands; and mercury being particularly apt to affect these parts, while we know that mercury in every form very readily combines with mucus, a theory has been built upon this to account for the action of mercury in the cure of the disease. Admitting the opinion to be well founded, but which does not appear to be the case, still it would not account for the matter of this disease being particularly apt to fix upon the skin, periosteum, and bones, parts which are less plentifully supplied with mucous glands than any others of the body.

Neither does the idea hold good here, which we have already had occasion to notice, and which some have endeavoured to support, of the matter of this disease having a particular attraction for parts that are most exposed to the atmosphere. In the rise and progress of the venereal eruption the reverse of this appears to be the case.

I have observed above, that every part of the body is liable to be attacked with these blotches; but we find from daily observation, that they appear both more frequently and more early in the disease, on such parts as are kept well covered than on those that are not covered at all. We no doubt meet with them both on the face and hands; but for one instance of this we have eight or ten of their appearing upon the breast and arms; and next to these, they attack in succession and with some regularity, the shoulders, thighs, legs, feet, and hands. Of these last the extremities of the toes are often the parts first affected,

affected, particularly the parts lying beneath and round the nails.

Venereal blotches do not at first excite pain: A slight degree of itchy uneasiness is the first sensation which they produce. When examined in this state, they are found to consist of a number of small distinct patches, scarcely rising above the surface of the surrounding parts, and seldom exceeding the size of a sixpence. They are of a pale red colour, and when smartly rubbed, the cuticle falls off in the form of fine bran, leaving the skin beneath somewhat more deeply tinged with red. The skin, however, does not appear to be otherwise injured; and when the blotches are allowed to disappear of themselves, as they commonly do, the skin is, for a considerable time, found to be perfectly sound, and not even altered in colour.

But although in some instances these eruptions disappear from time to time, no advantage is gained from this: they either proceed from one part to another, or they attack the same parts again with



more violence. In returning upon parts where they have been before, the cuticle is more elevated from the skin beneath; and on being removed, the skin itself is found to be either somewhat inflamed or in a state of tenderness approaching to ulceration. The skin not being in a state fit for producing cuticle, a scab or crust now forms upon the tender parts. In the course of a few days matter forms beneath, which for some time oozes out at the sides, till the crust separating and falling off, the foundation is thus formed of the true venereal ulcer, of which a description will afterwards be given.

In some cases, these red, or rather mottled blotches, instead of proceeding to the state of ulcer in the manner that I have just described, are all covered over with an infinite number of very small pimples, each of which contains matter; and from these running together a crust is formed, which likewise falls off at last, and in this manner a state of ulceration is produced.

When

When venereal blotches take place among the hair, which they frequently do, as they do not in their first stage rise much above the level of the surrounding parts, and as they never in this state create much uneasiness, they are seldom perceived till a scab or crust begins to form; and as the matter on oozing out gets matted into flakes with the hair, we are longer in this situation than in other parts of the body, of getting a view of the parts beneath, which, on the crust falling off, are always in a state of ulceration, forming what is commonly termed the *corona veneris*.

In the palms of the hands and soles of the feet the firmness of the skin prevents these blotches from appearing so obviously as in other parts. The cuticle is here either separated in broad flakes, early in the disease, or if it is so firm as to confine the matter for any length of time, it at last bursts out, when the parts beneath are found to be ulcerated.

It is chiefly in this eruptive state of Lues Venerea that it attacks the nails of the fingers and toes. The cuticle which furrounds them is perceived to be red and tender ; the parts below the nails also become red, and the nails at last become loose and fall off.

The appearances most similar to venereal blotches, and with which they have frequently been confounded, are, all the variety of herpetic eruptions, particularly such as do not yield much matter. There is however one remarkable difference between them in the nature of the matter which they afford. The matter of the true venereal eruption is so tough and viscid that it does not crack, and commonly remains upon the parts perfectly entire, till it separates and comes away ; whereas in herpes, although the matter is in one variety of the disease of a viscid glutinous nature, it does not form into flakes, as it very universally does in Lues Venerea. It sometimes forms into crusts, but these  
break

break and come away in small pieces, and in others it often falls off in the form of fine bran.

In herpes the eruption appears most frequently in the form of a circle, and the parts which it surrounds appear to be sound: Hence by the common people it is usually termed ring-worm. These circles or rings are of every variety of size, but they are seldom less than a half-crown piece. Now the venereal blotch is not often larger than a sixpence, and never exceeds the size of a shilling; and the whole skin of the parts affected appears to be nearly in an equal degree of disease. The mottled appearance which they assume gives cause indeed to suppose that some parts of the skin remain sound; but on examination with a magnifying glass the whole is found to be more or less diseased. Whereas in herpes, the parts surrounded with the ring appear to be equally sound with any part of the body.

In judging of this point we derive no small assistance from attending to the situation

ation of the eruption, as well as from the history of its rise and progress. I have had occasion to observe that the venereal eruption appears most frequently at first upon the breast and arms. Indeed this very commonly happens; whereas in herpes it is most frequent upon the under part of the abdomen, and about the hands and wrists.

When to all these circumstances we add, that in the venereal eruption there is commonly much cause for suspicion, from the patient's course of life, and perhaps even from the existence at the time of some other symptoms of the disease, and that in herpes we often find that the patient has either at some former period been liable to eruptions of a similar nature, or that they have prevailed in his family, scarcely any cause for doubt can remain.

Herpetic eruptions and venereal blotches sometimes occur in the same person at the same time. In this case it may be difficult or perhaps impossible to distinguish them; but no great inconvenience can



can arise from this, for the existence of the venereal affection being ascertained, this, as being the most important of the two, must have the specific remedy employed for removing it, and if the other eruption continues after the venereal blotches are carried off, proper remedies must be employed for it.

I know no other eruption that may not be easily distinguished from venereal blotches.

## § 7.

*Of Venereal Ulcers.*

IN § 2. of this section, I have already given a description of chancres, or ulcers produced by the local application of the venereal virus. It is those ulcers we are now to consider which take place in more advanced stages of the disease, and which  
evidently

evidently proceed from the virus having entered the system. In § 4. and 5. venereal ulcers of the throat, nose, and mouth, have been described, but ulcers from the same cause appear occasionally in almost every part of the body.

But although no part of the body is perhaps entirely exempted from these ulcers, I mean no external part of it, yet some parts are much more liable to be attacked with them than others; and it is a fact worthy of remark, that there is no part of the surface of the body on which they do not occur more frequently than on the genitals. Indeed venereal ulcers of these parts, from infection of the constitution, do not often fall within our observation. Almost every ulcer on the genitals may be traced to a recent and local application of the virus.

We have already had occasion to observe that venereal blotches are apt to terminate in ulcers. Hence the venereal ulcer is most frequent on these parts that are chiefly liable to these eruptions, particularly

cularly the breast, shoulders, and arms. We often meet with them among the hair, and between the fingers and toes. In the latter stages of the disease indeed, I have met with them more frequently upon the sides of the toes than on any other part.

For the most part the venereal ulcer is preceded either by blotches, such as we have just described, or by a number of very small pimples; but I have met with some instances of a part becoming ulcerated without either of these appearances going before it. In this case a slight degree of itchyness prevails for some days, and the part is scarcely observed to be discoloured before an ulcer is perceived.

In whatever manner a venereal ulcer may form, the appearances which it afterwards exhibits are nearly the same. A considerable destruction of parts soon takes place; more quickly indeed than usually happens from any other cause except mortification. Instead of proceeding gradually from the surface downwards, as other ulcers do, a certain portion of the soft parts  
between

between the affected spot of the skin and bone beneath seem to be contaminated at once ; for almost as soon as the skin becomes evidently ulcerated, the corresponding parts beneath not only appear to be diseased, but are soon thrown so entirely out that scarcely any thing but the periosteum is left to cover the bone.

The sides and bottom of venereal ulcers of every description are at first always foul ; but while chancres and all recent ulcers are usually white and sloughy, sores proceeding from the disease having entered the constitution are of a dirty brown appearance. The matter which they discharge is sometimes thin, and so acrid as to destroy the contiguous parts, but for the most part it is more tough and adhesive than good pus. It has often a singularly green colour, particularly in ulcers on that part of the head covered with hair, and it is always of a very disagreeable foetid smell.

These ulcers are seldom accompanied with much pain ; for although the skin  
which

which surrounds them has always a tender appearance, being in almost every instance of an erysipelatous red colour, they can bear to be handled more freely than sores of any other kind of equal extent. The parts, in some cases indeed, seem to be deprived of their natural sensibility; and I have in such instances found that one of the first effects of mercury prescribed for the cure has been to render them more irritable.

Venereal ulcers arising from disease in the system, differ from all such as are local, in our not being able to render them clean or bring them to a healing state by any external application that we can employ. Whenever the cause is doubtful, they are commonly treated with local remedies; but no advantage is ever derived from them. Even the most powerful detergents have no influence. The parts still remain foul. The matter continues to increase in acrimony; and if a course of mercury is not prescribed, or if not given in sufficient quantity, the sores not



only become more extensive, but more numerous, by parts taking on a disposition to ulcerate which did not previously bear any mark of disease.

This description of venereal ulcers comprehends all the ordinary appearances of these sores; but some difference is produced in them by a variety of causes; by the nature of the parts in which they are seated; by the constitution being sound or affected with other diseases; and by the effects of such remedies as may have been employed without being sufficiently powerful to accomplish a cure.

In a great proportion of cases venereal ulcers are seated in the skin and cellular membrane. In the first instance, indeed, these are the only parts that are affected; but in more advanced periods of the disease, we find the virus fixing upon the tendons, fasciæ of the muscles, periosteum, and bones. The parts least liable to be attacked with it are the glands, particularly those of the lymphatic system, but occasionally even those glands become affected,

fected. Now we may easily suppose, that the ordinary appearance of the venereal ulcer, that which it exhibits when seated in the cellular substance, will be materially different from that which it affords in the tendons, fasciæ, glands, or bones. It is difficult, however, and perhaps impossible, to give an adequate description of the different appearances which proceed from this difference of situation. It is from experience alone that a knowledge of this can be obtained.

The appearances of venereal ulcers are more or less affected by every disease which the system may at the time labour under. Some indeed have contended that no two diseases can exist in the constitution at the same time. This remark, however, is certainly ill-founded. From daily observation, we find, not only that the *system* may be affected with different diseases at the same time, but that two diseases may at the same time fix upon the same part. Of the first we have instances without end. It happens in the combination

of fever with every variety of general cachexy, such as dropfy, juandice, and many others; of small-pox with scrophula, and scrophula with scurvy; all of which are often met with, existing, and making progress in the same person at the same time; and of local complaints combining in the same part, a variety of instances might also be adduced. I have at present a person who had long been liable to piles, who some time ago was attacked with condylomatous excrescences about the anus from a venereal taint; to these succeeded a common abscess from inflammation, and last of all the parts have become cancerous. As all of these are obviously in existence at this moment upon the same parts, and as instances of other combinations of local diseases are occurring daily, it is with surprise and astonishment we perceive much labour and ingenuity employed to prove that this connection of diseases never takes place, and in a work too which does the highest credit to the author.

The

The opinion which the author of that work endeavours to establish, is indeed so contrary to the observation of all who have paid attention to the subject, that I should not have judged it necessary to notice it, were it not with a view of preventing the young and unexperienced from being misled by it; for were it to be received as a general principle, in a variety of circumstances it would have no small influence on practice, and would often, I am afraid, be productive of distress and disappointment both to patients and practitioners\*.

If this opinion was well founded, every ulcer of the venereal kind arising from disease of the constitution should yield to mercury alone: Instead of which, do we not daily meet with sores of this kind, in which mercury by itself fails entirely, and in which from the constitution being at the same time infected with scro-

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phula

\* The publication to which I allude is Mr John Hunter's Treatise on the Venereal Disease.

phula, or some other disease, bark and other remedies must be employed before any progress towards a cure can be obtained? This combination of Lues Venerea with other diseases, particularly with scrophula and scurvy, is indeed, I apprehend, the most frequent obstacle that we meet with in the cure of almost every symptom of this disease. Buboes, as well as ulcers, are always obstinate where scrophula prevails; and the slightest tendency to scurvy puts it out of our power to employ mercury in such quantities as the cure of venereal ulcers often requires. The effects of this are chiefly perceived at sea, where a patient with Lues Venerea is sure to have all the symptoms aggravated, particularly such ulcers as may prevail, on his being attacked with scurvy. The ulcers not only put on a worse appearance, but till the scorbutic affection is removed, the farther use of mercury is for the most part obliged to be laid aside.

The description of the venereal ulcer which I have given above relates to the disease



disease in its more early stages, and where no mercury has been employed. When mercury is prescribed, and has entered the system, sores of this description soon put on a healing appearance; and if the medicine is continued, the cure usually goes on without interruption. But if, instead of being persisted in for a due length of time, the mercury is laid aside before the virus is eradicated, an effect results from it which could not *a priori* be looked for. This partial effect of mercury not only gives a different appearance to venereal sores, but commonly renders them more obstinate. If the sores have healed, and again break out, although they will not go to such a depth as they did in the first process of ulceration, they will spread farther, and become more numerous. By this imperfect application of mercury, a disposition seems to be formed, not only in the parts contiguous to the old sores, but in almost all the soft parts of the body, to go readily into a state of ulceration; and although the new sores which

take place do not go deeper than the cellular membrane, they daily become more numerous, infomuch that the parts in which they are chiefly seated are apt to acquire a honey-comb appearance.

But although these newly formed ulcers seldom penetrate to such a depth as those to which they succeeded, they assume every other appearance of the true venereal ulcer. They are foul and somewhat spongy : They are not attended with much pain, and the surrounding skin has an erysipelatous, or copper-colour complexion. In the course of my experience, however, they have always proved to be of more difficult management than the others ; nor does mercury act with such certainty in removing them. The same sores either continue obstinately to resist the effect of this remedy, or if these heal, others break out, and thus spread over a very considerable extent of surface, giving all the appearances of the phagadenic or depascent ulcer of authors.

Hitherto

Hitherto I have been supposing that the disease is confined to the soft parts of the body; but where the ulcers, as now described, have been neglected, or where the remedies employed for removing them have not proved effectual, they are apt to affect both the bones and tendons; and where sores take place upon any of these parts, their appearances are materially different from those of the common venereal ulcer. The parts affected, instead of being corroded, and hollowed out in the form of a cup, as they usually are in the venereal ulcer, are filled with a soft fungous substance of an unhealthy complexion, which bleeds freely on being injured, and which always returns soon on being destroyed with escharotics. The discharge of these ulcers, when seated upon carious bones, is thin, and of a brown colour, and still more foetid than the ordinary discharge of venereal ulcers in the softer parts of the body. When the surface of a tendon becomes ulcerated the parts are not only  
soft

soft and spongy, but more foul or sloughy than sores of almost any other kind.

There is another variety of venereal ulcer of which it is proper to take notice, I mean that which succeeds to the bursting of a bubo. Seated in the body of a gland, this kind of sore has a very different appearance from the common venereal ulcer, which attacks, as we have just seen, the skin and cellular substance only. Buboes are always accompanied with pain and inflammation: Hence when matter forms in them, it is of the purulent kind. But although the matter of buboes is always more or less purulent at first, it usually becomes thin and acrid at last, owing to sores of this description, on the farther continuance of the disease, being apt to become erysipelatous. Besides this change which takes place in the nature of the matter, the parts in which it was collected, although at first they have all the appearances of a common abscess, at last become foul and spongy; the edges of the sore become callous; and a much greater degree

gree of pain takes place than almost ever accompanies the ordinary form of the true venereal ulcer.

But although the sore which succeeds to a bubo is necessarily at first always in the body of a gland, we find at last that it is apt to spread and affect the contiguous parts. The matter pervading the cellular substance sinuses form; and the skin becoming inflamed, the foundation is thus laid for the formation of other sores. In this manner the ulcers which succeed to buboes frequently spread to a great extent, one part either breaking out as another heals, or perhaps the whole continuing open, so as to leave all the upper part of the thigh, and in some cases, the under part of the abdomen, covered with small sores.

No part of the treatment of *Lues Venerea* gives more distress to patients, or more embarrassment to practitioners, than the management of this ulcerated state of buboes; which, besides being accompanied with much pain, is often one of the most  
obstinate



obstinate symptoms of the disease. Instead of yielding to the use of mercury, sores of this description become often more obstinate after mercury has been employed; fever is apt to take place; and where the constitution is not very robust, they even sometimes end in the death of the patient.

This great degree of inveteracy in these sores may originate from different causes; but I have commonly found that it takes place in scrophulous constitutions, and in such as are particularly delicate. It may also be remarked, that among our common people this kind of sore is still more obstinate in those who live in damp situations, as is usually the case with weavers.

## § 8.

*Of Nodes, and other Swellings of the Periosteum, Bones, and Tendons.*

A Node is a hard circumscribed tumour, proceeding from a bone being attacked with the venereal virus. The periosteum, tendons, ligaments, and even fasciæ of the muscles, are also liable to be attacked with the matter of this disease.

The venereal poison, however, does not readily fix upon these harder parts of the body. In a great proportion of cases it remains long in the habit before they become affected, and when tumours appear upon them, it is often at such a distant period from the existence of any other symptom of Lues Venerea, that both the patient and practitioner are apt to be deceived, and to conclude that they proceed from some other cause: Hence pains and  
swellings

swellings occurring in this disease are often treated as rheumatic affections, in consequence of which, remedies are prescribed from which no advantage is derived; while mercury, from which alone relief could be obtained, is entirely overlooked. But although the true venereal node never takes place early in the disease, I mean such swellings as are of an osseous nature, and originate from the bones, yet the periosteum and tendons, as well as the fasciæ of muscles, are in some instances very early affected. This I have known to happen almost as soon as there was cause to suspect that the virus had entered the system. In such cases, however, some obvious reason could always be given for this variation in the course of the disease, by which the virus was made to fix upon these parts in preference to others usually first affected. In all of them the patients were found to have been much exposed to cold and dampness, which I have had many opportunities of observing to have an evident influence in exciting the virus  
of

of this disease to fix early upon these parts. Soldiers infected with *Lues Venerea*, when exposed to the cold and dampness to which they are liable in encampments, are particularly apt to suffer in this manner.

Although it is of much importance to distinguish between tumours of this description arising from the bone, and those which proceed from the periosteum, tendons, and muscular fasciæ, yet it is not commonly done with accuracy. They have all been considered as nodes, and blended under one general description, by which much perplexity has taken place in the method of cure.

Nodes may appear upon every bone of the body, but they are most frequent where the bones are thinly covered with muscles: Hence they are most commonly met with upon the forehead, upon the forepart of the tibia, and on some parts of the radius and ulna. We also meet with them on the bones of the hands and feet. I never, however, saw them on the fingers or toes, but I have observed them upon the

the sternum and ribs. In two instances, where the patients died of other diseases after being cured of Lues Venerea, and in whom severe pains had occurred in the middle of the thighs, nodes or exostoses upon the femur were discovered. In one there were two small knobs or protuberances, in the other upwards of twenty, and all of them upon the anterior part of the bone.

These osseous tumours do not produce any alteration in the colour of the skin, unless they arrive at a larger size than usual. Their first approach is distinguished by a slight degree of uneasiness in the parts affected. This excites the patient's attention, when on examination a small hard tubercle or protuberance is discovered. This in a gradual manner becomes larger; and, while it increases in size, it also becomes more painful. By the time that it has acquired the bulk of half an ordinary walnut, and few nodes I believe are ever larger than this, the skin has commonly become red and tender; and  
ulceration



ulceration at last taking place, the bone, on being thus denuded, is not only found to be swelled, but completely carious.

This is perhaps one of the most painful symptoms of *Lues Venerea*; for although the pain is at first always moderate, it never fails to become severe on the tumour advancing in size. This does not depend so much, however, on any alteration produced in the bone itself, as on the distension of the periosteum, which the tumour of the bone necessarily occasions; a circumstance of which we are rendered certain by the pain ceasing entirely on the protuberance of the bone being laid bare, either by an incision, or by the soft parts which cover it being destroyed by ulceration.

This description of a node, it is proper to remark, comprehends the full progress of this kind of tumour to its last and ultimate stage; a termination that we seldom meet with, if it be not among the poor and destitute. Mercury is commonly prescribed as soon as the nature of the tumour be-

comes obvious, and as this puts a stop to its farther increase, it is by great inattention or mismanagement only that the surrounding soft parts are ever allowed to ulcerate. When ulceration takes place, the parts soon assume all the appearances of the true venereal ulcer, of which I have already given a description.

The same bones upon which nodes most frequently form are liable to tumours of a different kind, which, from their bearing a resemblance to nodes, have improperly been distinguished by the same appellation. By some, indeed, all tumours upon these parts, as well as such as occur in this disease upon the tendons, ligaments, and fasciæ of the muscles, are considered as nodes. This proceeds from the confused manner in which these symptoms were described by those authors who first wrote upon the subject, and by which others have since been misled. It requires, however, no nice discrimination to perceive that the tumours to which these parts are liable from *Lues Venerea* are materially different

rent in their formation, and requiring also a difference of treatment, it becomes an object of no small importance to have this pointed out.

The tumours which most resemble nodes are produced by an effusion of a small quantity of matter between the periosteum and bone. This seems to proceed from the internal surface of the periosteum becoming slightly inflamed, by which a few drops of a colourless fluid are poured out upon the surface of the bone. If not prevented by an early exhibition of mercury, the tumour, which was at first so small as to be with difficulty perceived, becomes gradually larger, and from being hard and colourless, it becomes soft and inflamed. Even when of the greatest bulk, however, at which it commonly arrives, this tumour does not exceed the size of the real node; for the periosteum not being capable of much distension, it either soon bursts, or the tumour becoming very painful, relief is obtained by making an opening into it.

These tumours, although at first always hard, are by no means so firm as nodes. This, even in their commencement, serves as a sufficient mark of distinction between them; and where matter is formed, as the tumour is thinly covered, a fluctuation is soon perceived, by which, in the progress of the disease, it is clearly and evidently distinguished from nodes, which always remain hard to the last.

When tumours of this description either burst or are laid open, although the bone may be found to be rough and carious, no swelling is discovered; and on the ulcer healing by the means to be hereafter mentioned, the parts appear to be reduced to the level of the surrounding skin; whereas in real nodes, the tumour of the bone remains nearly, or perhaps entirely of the same size during the life of the patient, nor has mercury, or any external application any effect in reducing it. Some indeed entertain a different opinion, but where venereal tumours upon the bones have been removed by mercury, I have  
much

much reason to think that they have not been real nodes, but merely those small tumours produced by effusion which we have just been considering. At least this has happened in different cases in which I have been concerned, where tumours, which at first were supposed to be formed of bone, appeared afterwards to proceed from effusion; and I have not met with a single instance of a tumour evidently osseous being ever entirely removed by mercury, or any other medicine.

Besides the tumours that we have thus been speaking of, there is still another, by some also improperly termed a Node, with which the parts covering the hard bones are not unfrequently attacked in *Lues Veneræ*. This variety of tumour occurs more early in the disease than nodes, and proceeds most frequently as I have observed above, from exposure to cold and dampness. It is also distinguished from the real node from its taking place in various parts of the body at once.



The patient at first complains of pains over the whole affected limbs; but he soon finds that one part of each limb is more severely pained than the rest. In the legs this happens about the middle of the tibia and fibula. In the thighs it occurs at the middle of the femur, and in the arms along the whole course of the os humeri, radius and ulna.

For the most part these pains are considered by the patient as rheumatic; and I have known many instances, even of practitioners being deceived with them. No advantage, however, is obtained from those medicines which usually give relief in rheumatism; and at last the parts from whence the pains chiefly proceed are found to be swelled. But this swelling is very different from that fulness of parts which occurs in rheumatism; and it differs materially from the latter, in the parts which it attacks. The rheumatic swelling is chiefly confined to joints. In very severe cases it no doubt stretches over every part of a limb, but it very commonly originates

nates and remains most permanently in the joints: Whereas venereal swellings, and the pains with which they are accompanied, although they sometimes stretch towards the joints, they very universally fix upon those parts of the limb that lie between one joint and another. In rheumatism the whole circumference of the limb becomes swelled in nearly an equal degree, while in the other the tumour is circumscribed, being most frequently confined to less than one half of the circumference of the limb; or when one limb is affected in different parts, as often happens in the fore-arm between the elbow and wrist, the seat of each tumour can be very distinctly traced. In the venereal swelling of these parts the tumour is firm, and so deeply seated that on a slight examination it is often supposed to form part of the bone itself, while that swelling which takes place in rheumatism is of a more compressible nature, and appears even on the slightest examination to be altogether free from the bone beneath.

By attention to these circumstances, as well as from the history of the case, we need never be under much difficulty in judging of the nature of these swellings, nor in determining when they are venereal and when of a rheumatic nature. It is a prevailing opinion, that the difference between them is sufficiently marked by the pain when venereal, being particularly severe when the patient is warm in bed, while the contrary is supposed to happen in rheumatism. I have not found, however, that any dependence can be placed upon this; for both are apt to be very differently affected by the same cause in different patients, and even in the same patients at different times. Venereal pains in the bones and periosteum, are no doubt in a great proportion of cases much aggravated by the warmth of a bed; but this is also in various instances the case in rheumatism.

Venereal pains of this description seem always to originate in the periosteum, and to proceed from some degree of inflammation, which first begins in that membrane, and

and proceeds from it to the surrounding parts. Like every inflammatory affection of membranous parts, it does not readily terminate in suppuration. I have seldom known matter form in it: Nor do those serous effusions take place here which are so frequent in rheumatism; a circumstance which constitutes another characteristic distinction between the two diseases; for rheumatism seldom arrives at a great height without swellings taking place in the parts chiefly affected, and almost all tumours purely rheumatic appear to be of the serous kind.

Almost every author who has written upon *Lues Venerea* describes affections of the ligaments, tendons, and fasciæ of muscles, as frequent symptoms: This, however, is far from being consistent with my experience; nor do I suppose that they ever take place but in the most advanced stages of the disease.

My own observation having led to this conclusion, I was induced to converse and to correspond upon the subject with others, who, from having much employment in  
this

this branch of practice I had reason to suppose would be able to give me the best account of it. The prepossession which they had received from books had prevented them from entertaining a doubt of the frequency of this symptom, but none of them had seen it so often as to be able from his own observation to give a distinct or well-marked account of it.

Venereal ulcers often penetrate to ligaments, tendons, and other deep-seated parts. In this manner every practitioner must have seen those parts affected with the virus of this disease; but in these it uniformly appears first in the skin, and proceeds to the parts beneath. Of swellings in the ligaments, tendons, or fasciæ of muscles from this cause I have met with few instances; and even of these some were of a doubtful nature, as they occurred in scrophulous constitutions.

Swellings of this description in ligamentous or tendinous parts, are not so painful as tumours of the periosteum and bones. They are small and circumscribed:



ed : At first hard and colourless, and afterwards on the skin becoming red, they turn soft, and soon burst. The matter which they discharge perhaps never partakes of purulency : It is thin, and either nearly colourless or somewhat tinged with blood. The sores which ensue are foul, and usually more difficult of cure than any other that we meet with in this disease.

I have seen different cases of tumours of a considerable size, seated upon tendons as well as upon aponeurotic expansions, suspected to be venereal. These have commonly been hard, and where they have come to create much uneasiness I have had occasion, in some instances, to remove them with the scalpel. Two of these were on the arm upon the tendinous part of the biceps ; and although in both they had been suspected to be venereal, a very decisive proof was obtained of the contrary, for they were both extirpated, and the sores healed easily without mercury being given.

## § 9.

\* *Of Venereal Excreescences about the Anus.*

THE parts of generation in both sexes are liable to be attacked with warty excreescences in Gonorrhœa, most frequently towards the end of the disease, when the running is nearly gone. In some cases they spread over all the contiguous parts, and even reach to the anus; but however extensively this may happen, excreescences of this warty nature in Gonorrhœa are always local, as we judge from their not being removed by mercury, and from finding that topical remedies are alone to be depended upon for a cure \*.

But besides these, the parts about the anus are occasionally attacked with excreescences truly venereal, which appear  
in

\* See Vol. I. Chapter II. Section 13.

in the latter stages of syphilis only, and of which we cannot accomplish a cure in any other way than with a complete course of mercury. They are easily removed, either with the scalpel or escharotics; but if mercury is not administered they soon return with more virulence than at first.

In some cases they appear at the same time with venereal blotches in other parts of the body, which in many instances they resemble, being raised or elevated above the contiguous surface. Till of late I had not seen them but as a symptom of Sybena, and I did not suppose that they took place in the ordinary form of Lues Venerea. I have now, however, met with a sufficient number of instances to convince me that in this I was mistaken, and which shew that they not only occur along with eruptions in other parts of the body, but that altogether independent of these, they appear as a distinct symptom in still more advanced periods of the disease.

They

They are not so hard as those warts which succeed to Gonorrhœa; they are more of a fleshy nature, more tender, and therefore more apt to bleed. They have a more uniform surface; and instead of being formed of a number of small warts connected together, as these tumours about the anus produced by Gonorrhœa usually are, we find them composed of one uniform mass.

They do not approach so near to the verge of the anus as warty excrescences commonly do, being for the most part of the greatest extent and most elevated near to the tuberosity of the ischium. In some cases they become ulcerated, and discharge a great deal of very offensive matter; and when this happens in women they appear sometimes to be productive of buboes; at least in different cases where buboes occurred in women, no other source of infection could be perceived. Why they should not be the cause of buboes in men may be difficult to explain; but although I have often met with them in men in a  
state

state of obvious ulceration, I never knew buboes succeed to them. Perhaps in men the lymphatic vessels of these parts do not pass through any external conglobate glands, and if this is the case they cannot produce buboes; for in the history of buboes we have seen that the matter of *Lues Venerea* does not excite swelling or obstruction in any of the internal glands.

For the most part the ulceration which takes place in these excrescences is superficial, and does not reach beneath the surface. In some instances, however, sinuses form in them. In this manner I once knew a fistula ani produced, for which it was necessary to perform the usual operation after the patient was cured of *Lues Venerea*.

Like other symptoms of Syphilis these excrescences either continue nearly in the same state, or become gradually worse, as long as no remedy is employed for the cure of the disease in the constitution. They never disappear either entirely or in part by any effort of the system; but if  
by



by a partial course of mercury their progress is interrupted, although the virus of the disease is not completely extinguished they soon become less active than they were before; in course of time they disappear altogether, and with whatever violence the disease may break out in other parts of the body, it does not again excite a recurrence of the excrescences. In the latter stages of Lues Venerea, when by a long continuance of the disease the whole system may be supposed to be contaminated, we find a variety of symptoms existing at the same time; otherwise this, as I have already had occasion to observe, does not readily happen; nor do we commonly find early in the disease more than one or two of the symptoms subsisting at once.

## § 10.

*Of Swellings of the Testes.*

INFLAMMATION communicated along the urethra in Gonorrhœa is the most frequent cause of swelling of the testes. This has induced many to suppose, and some to assert, that this symptom is never induced by *Lues Venerea*; that it is always a local affection, and never produced by any disease of the constitution.

That this is very generally the case I will admit; for in a great proportion of cases we can clearly trace the disease to a local cause, and it is most easily removed by local remedies; but this does not always happen, for I have met with various well-marked instances of swelling of the testes from disease of the system alone. Those who doubt the fact will ask, In what manner can this be ascertained? By

the swelling coming on without external injury ; by not being preceded by Gonorrhœa ; by the patient being known to be infected with Lues Venerea at the time ; and by the swelling being with ease and certainty removed by mercury, while it daily becomes worse as long as those remedies are employed which usually prove effectual in swelling of the testes arising from Gonorrhœa.

With me these circumstances afford complete conviction, and as I have repeatedly met with them, I judge the fact to be clearly established.

The very first approach of this swelling exhibits a difference between it and that which proceeds from Gonorrhœa. In this last a considerable degree of pain prevails from the first, and the disease begins in the epididymis ; but in the swelling from Lues Venerea the patient for a considerable time feels only a slight degree of uneasiness, and even on the farther progress of the disease any pain that takes place is not acute, but dull and obtuse,

tuse, such as might be supposed to proceed chiefly from the additional bulk and weight of the testis. The body of the testicle is always first affected; and it is only where the disease is neglected, or where the nature of it is mistaken, and mercury judged to be improper, that the swelling proceeds to the epididymis.

These circumstances of themselves might sufficiently distinguish the one variety of swelling from the other; but we also observe that in the swelling from Gonorrhœa the scrotum becomes red and painful very early in the disease, by the inflammation spreading from the testicle; whereas in the other the scrotum is very seldom affected, and in no instance till the disease has been of long duration. Hence in the one the patient can scarcely admit of the parts being touched, while in the other little or no pain is produced, even when freely handled. In the hernia humoralis, as it is termed, the whole contiguous parts seem often to sympathise with the disease in the testis, by the pain

spreading along the groins, and over all the upper part of the thighs and abdomen; while in the other the pain is either confined entirely to the testicle or to the course of the spermatic cord. In this the swelling comes slowly and gradually to a larger size, insomuch that some weeks will pass before it arrives near to its height; while in the other the tumour is commonly as large in the course of forty-eight hours as it ever becomes.

Those who doubt of the existence of swelled testes from Lues Venerea assert, that where the testicle becomes hard and enlarged, where no external violence has been applied to it, and without being preceded by Gonorrhœa, that the disease is always to be considered as of the true schirrous kind, forming what in general is called sarcocoele. This, however, is by no means the case, and the means of distinguishing between sarcocoele and the true venereal swelling of the testicle are numerous and obvious. In the former the testicle is hard from the first. The patient

is,



is, from the first commencement of the disease, distressed with sharp stinging pains through the body of the tumour, and by degrees these become as severe as they usually are in any case of cancer. The swelling, although at first smooth, soon becomes knotty and unequal, and at last the disease very constantly attacks the spermatic cord, which also becomes hard, knotty, and painful. Now, in a swelled testis from *Lues Venerea*, although a considerable degree of firmness takes place, it is by no means of the hard nature of schirrus. We meet with no stinging pains, not even in the most advanced stages of the disease. The swelling never becomes hard and knotty, but retains a smooth, equal surface, and we meet with few instances of its proceeding to the spermatic cord.

In addition to the description which I have given of the disease, I may remark, that in its more advanced stages this swelling sometimes suppurates, and discharges purulent matter; while in sarco-

cele, whenever the tumour bursts, it yields nothing but a thin, bloody sanies, as commonly happens in all cases of cancer. The sores which ensue to the bursting of these tumours are fully as different in their appearances as the tumours are different by which they were produced. In the sarcocele the edges of the sore are hard and retorted, accompanied with every other appearance that usually takes place in cancer; whereas in the venereal swelled testicle, although the edges of the sore are hard, they are neither raised nor retorted; and the sore while it is foul and sloughy, as venereal sores always are, exhibits no appearances of cancer.

In very advanced states of this disease we sometimes find it accompanied with effusions into the tunica vaginalis testis, producing what may be termed a complicated hydrocele. This, however, is a circumstance equally common to every tumour of the same magnitude and duration to which the testicle is liable. It even sometimes succeeds to hernia humoralis,

moralis, but not so frequently as to swellings of greater permanency.

If this affection of the testes is neither uncommon nor difficult to distinguish, it may be said that the particular description which is here given of it is unnecessary; and I should have judged it to be so, if in some late publications a contrary opinion had not been strongly inculcated. Even this would not have been a sufficient reason for dwelling long upon any point of little importance, but in the subject we are now considering many circumstances are involved. Any theory that can be established of the nature of the venereal poison, and of the means employed for removing it from the constitution, is in some measure connected with it; while at the same time, it is obviously a point of real practical importance.

## § II.

*Of Alopecia.*

THE disease termed Alopecia by Nosologists, or falling off of the hair, may be produced by different causes; but it is most frequently met with as a symptom of Lues Venerea in the more advanced stages of the disease.

The hair of the head first separates in greater quantities than usual on being combed. The eye-brows become more thinly covered, and if a stop be not put to the disease of the constitution, all the hair of the head as well as of the other parts of the body, soon falls off.

Before the hair begins to separate, a scurf is usually perceived among the roots of it, which comes away in great quantities on the head being combed, commonly

ly in the form of fine bran. On this scurf being removed, the skin beneath has a red complexion; but the patient does not complain either of pain or tenderness, and the same kind of brany powder forms repeatedly on the same parts, although carefully removed from day to day.

In some instances the hair is renewed in as great quantity as at first; but this is not a frequent occurrence: It only happens during youth, and where the virus of the disease is quickly and completely eradicated. In more advanced periods of life it always remains thin, not only upon the head, but on the eye-brows; and when the eye-lashes fall out from this cause they very seldom return.

As mercury has commonly been given before the hair begins to separate, and often in considerable quantities, this symptom has by some been supposed to be more the effect of the medicine than of the disease. This however, has not been the result of my observation. I have seen different instances of the hair dropping off in *Lues Venerea*,



nera, where no mercury had been employed: were it produced by mercury, it would necessarily occur more frequently, and with equal readiness in every disease for which mercury is prescribed.

I consider it to be in almost every instance the effect of that scurf which in Lues Venerea sometimes forms among the roots of the hair. The matter by which the scurf is produced getting access to the roots, soon cuts off their connection with the parts below.

§ 12.

*Of Blindness as a Symptom of Lues Venerea.*

IN the first Chapter of this work some account is given of blindness produced by the retropulsion of the matter of Gonorrhœa. But blindness which takes place in Lues Venerea is materially different  
both

both in its rise and progress, and in the remedies by which it is with most certainty removed.

Blindness from Gonorrhœa is always accompanied with much pain. A great degree of irritability, along with a plentiful discharge of matter from the eyes, and more or less inflammation, are the first symptoms of the disease. But in *Lues Venerea*, loss of vision, to a considerable extent, has commonly taken place long before much pain is experienced; and if inflammation ever occurs, it is not in any remarkable degree.

The matter of *Lues Venerea* acts in different ways in producing blindness. One of the most frequent seems to be by injuring the optic nerves, whether by acting immediately upon the nerve itself, or by first exciting effusion, or the formation of tumours in the contiguous parts, by which compression of the nerve is at last produced.

It is in this manner I conceive that gutta serena takes place in the latter stages  
of

of Lues Venerea. In some cases it comes on in a gradual manner. The sight becomes less perfect from day to day; and both the patient and his friends are surprised that this should happen while the external appearance of the eye is not affected. But for the most part the disease takes place almost instantaneously, the patient being entirely deprived of vision in the course of a minute or two from the time that his eyes became uneasy. Still the external parts of the eyes remain sound, but the pupils are always greatly dilated, and incapable of any degree of contraction, even when exposed to the strongest light.

In some cases only one eye is affected, but for the most part the disease attacks both at the same time.

Cataracts sometimes form from this cause. I have met with different instances of cataracts in the latter stages of Lues Venerea, when no other cause could be assigned for it; and I conclude that it was the effect of the venereal poison, from the

the peculiar manner of its approach. The lens is at first only partially affected, white streaks appear upon different parts of it, which extend by degrees, so as to produce opacity over the whole of it.

But the most frequent effect of the venereal virus upon the eye appears upon the vitreous and aqueous humours, and on the lucid part of the cornea. In some cases these humours are deprived of their natural transparency, they become somewhat milky, and at last completely opaque. At other times this state of the humours is evidently connected with opacity of the lucid cornea, which becomes white and thickened, and in some instances so prominent as to disfigure the whole globe of the eye. When this diseased state of the coats of the eye, and of the humours which they contain, occur at the same time, the whole body of the eye affords the appearance of one confused mass. Neither the chrystalline lens, nor any particular part of the eye can be distinguished.

Before

Before this opacity takes place in the cornea, a number of obstructed vessels are perceived on it, accompanied with some degree of tenderness on being exposed to light: This gives cause to suppose that inflammation is about to occur; but the disease in this form makes no farther progress. The cornea in some spots becomes white and opaque, probably by the effusion of part of the contents of these turgid vessels; but all this takes place with little or no pain, and without any of the ordinary concomitants of inflammation. Neither does this whiteness of the cornea terminate in suppuration, as opacity of this membrane produced by inflammation is apt to do. It becomes even more white than the tunica albuginea itself, and evidently more thickened, but I never saw matter form in it.

In some cases the venereal virus fixes upon the eye-lids, and chiefly upon their cartilaginous borders. This sometimes happens by itself, but for the most part it is connected with syphilitic eruptions in  
other



other parts of the body. The parts become red and somewhat tender, and an effusion takes place among the eye-lashes, either in the form of a dry scurf, or of a gummy viscid matter. In this last case the effusion proves always extremely troublesome, particularly after sleep, as it glues the eye-lids so firmly together as to render it difficult, and even painful to open them.

In this affection of the eye-lids, I have, in different instances, observed a symptom which has not, so far as I know, been taken notice of by authors. The tears at first form in drops near the internal angle of the eye, and this terminates in a constant trickling over the cheeks. Those who are not accustomed to examine the eyes in this state are apt to consider this flow of tears as the commencement of fistula lachrymalis, whereas it proceeds from a cause which tends effectually to prevent the formation of this disease. On minute inspection, it appears evidently to arise from the puncta lachrymalia

malia being obstructed by the viscid matter forming upon the cartilages of the eye-lids, by which the tears which should pass by these openings into the lachrymal sac, and from thence into the nose, are necessarily forced over the cheeks. In some cases this weeping state of the eyes proves to be temporary, and disappears with the cause by which it was produced; but in others it continues permanent, owing I suppose, to the puncta being obliterated by the long continuance of the disease.

This constant flow of tears over the eye-lids proves always troublesome, and in some cases even painful, by exciting tenderness, and occasionally some degree of ulceration of the cheeks.

## § 13.

*Of Deafness from Lues Venerea.*

WHEN treating of the venereal sore throat in § 4. of this section, I had occasion to remark that a certain degree of deafness is, in some cases, a consequence of that symptom, the end of the Eustachian tube, when it terminates in the throat, being obstructed. The effect resulting from this being in some instances considerable, we are led to suppose that this passage to the ear is of no small importance to the sense of hearing; I have known a very distressful degree of deafness produced by it.

Besides this, the venereal disease in some instances excites deafness by fixing upon the ear itself. The bones seem to be most liable to be attacked with it. When this takes place the patient is at first seized

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with

with a partial loss of hearing. This is succeeded by a discharge of foetid ill-coloured matter; and in some cases the bones themselves come away. I need scarcely observe, that to this a total and permanent loss of hearing always ensues.

Where venereal blotches prevail universally over the body, and have been of long duration, they sometimes fix upon the ear, chiefly upon the lap of it. In some cases I have known them to affect the meatus externus so as to induce temporary deafness. In this event the passage is either stuffed with a dry scurfy matter, or the lining membrane of the passage becomes thickened, and occasionally tender and ulcerated. If this proceeds no farther into the ear a recovery may still take place; but as the same kind of tenderness is apt to attack the tympanum, deafness even from this cause often proves permanent.

## § 14.

*Of Anomalous Symptoms.*

BESIDES the symptoms of which I have given a description, we also meet with others which from their appearing with less regularity may be termed Anomalous. They occur occasionally in every stage of the disease, but with most frequency when the infection has been of long duration.

The most distressful of these symptoms are chops, or clefts in the palms of the hands and soles of the feet. A red somewhat purple-coloured eruption appears upon the skin of these parts. The cuticle separates and comes away: Still the skin remains discoloured; and at last chops form in different parts of it. They generally remain dry, but in some instances they discharge a thin acrid matter. They are seldom painful; but they are always



obstinate and difficult to cure; and the cuticle is in some cases so completely removed, that by the tenderness which succeeds to this the patient is for a considerable time deprived of the use both of his hands and feet.

In some a disposition is formed in the skin and cellular substance of different parts of the body to become thick, rough, and unequal, producing what by Nosologists is termed Elephantiasis, or at least an appearance which very much resembles that disease. In most instances where this has taken place, different parts of the body have been affected with it at once; but in others I have known it confined to one of the extremities. In the slighter degrees of this symptom the inconvenience which it excites is inconsiderable, and it is seldom accompanied with much pain; but where the limbs swell so much as they sometimes do, the distress with which it is accompanied is necessarily severe. A limb which swells from this cause becomes first very unwieldy; and on the increase of the swelling,

ling, it at last bursts into sores, which discharge a thin acrid matter, are always foul, and seldom heal.

I have met with different instances of this thickening of the teguments in the scrotum. The skin retains its natural colour; but it becomes firm, and so much thickened as to form a tumour which in some cases acquires a very considerable bulk. All of them that have fallen within my observation came from warmer climates, and two of them were in negroes. They had been mistaken both for hydrocele and hernia, but I found in all of them that the tumour was produced entirely by a thickened state of the scrotum.

From a hernia in the scrotum they are distinguished by the spermatic cord being entirely free of swelling; by the absence of all the symptoms of hernia; and by the swelling being much more firm than it ever is in hernia. The same degree of firmness serves to distinguish it from hydrocele, for no impression is made

upon it by pressure ; and it is farther distinguished from it by its weight, being much heavier than any tumour of equal magnitude containing a fluid.

This swelling of the scrotum bears a greater resemblance to sarcocoele, or a scirrhus testicle, than to any other affection of these parts. It is chiefly distinguished from sarcocoele by being totally free of pain, and from being of an equal smooth surface ; while the other is not only accompanied with pain, but is knotty and unequal.

As the sores which ultimately form upon these tumours are apt to assume a cancerous appearance, and ulcers of a similar aspect being sometimes observed to succeed to buboes, some have been thereby induced to consider cancer as a symptom of this disease. That the matter of Lues Venerea may occasionally produce sores which terminate in cancer will not be disputed ; but we are not from this to conclude, either that the matter of the two diseases is the same or that cancer should

should be considered as a symptom of syphilis.

Besides the pains resembling rheumatism, which occur in *Lues Venerea*, and of which I had occasion to speak when treating of nodes and affections of the periosteum \*, pains of a different kind are apt to take place in the more advanced stages of the disease. They do not remain fixed or permanent, but produce sharp momentary stings, without leaving swelling or any other mark of disease behind them. They are most frequent in the neck, temples, and jaws. In the latter they are often suspected to proceed from carious teeth, when on examination nothing of this kind is perceived; or if any of the teeth are spoiled, no relief is obtained from pulling them. A falling out of the teeth has been frequently described as a symptom of *Lues Venerea*, but I have not met with it excepting where the patient had taken a great deal of mercury, and where it appeared evidently to pro-

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ceed

\* Vide § 8. of this section.

ceed more from the medicine than from the disease.

One of the most frequent symptoms of the advanced stages of syphilis is atrophy, or a gradual wasting of the body. This is no doubt a frequent effect of a mercurial course not properly conducted; but it is also a symptom of the disease. Even where little or no mercury has been given I have known a patient become much emaciated in the course of a short time. From a state of obesity, and with a healthy, florid complexion, a person will in some instances become suddenly lean, while his face will be wan or fallow, as if the vessels were altogether deprived of red blood. This I consider as one of the most fatal symptoms of the disease, from which, in the course of my observation, few or none have ever recovered.

Irritability and restlessness are two symptoms of this disease. When Lues Venerea has been of long duration the system becomes so irritable that the most trifling occurrences prove distressful. No application



application can be given to business; the patient becomes fretful and uneasy, and his nights are spent in watching.

The constant anxiety which takes place in this situation is often connected with that state of atrophy that I have just described. It seems in some cases indeed to be the cause of it. Being always accompanied with an entire loss of appetite, this of itself soon reduces the body to the most emaciated state.

But the most universal symptom of the anomalous kind which prevails in Lues Venerea is fever. Nor is it confined to one stage of the disease. Occasionally it takes place in all of them. It is necessary, however, to remark, that fever which occurs in the commencement of the disease is very different from that which most frequently prevails afterwards. The first may more properly be considered as symptomatic, being always connected with some local affection, such as bubo, sore throat, ulcer, or node, while the other often takes place where no other mark of disease



disease can be discovered. The one therefore subsides along with the particular cause or symptom by which it was produced, while the other continues obstinate as long as the virus of the disease remains in the constitution. It is this last, therefore, which is of most importance, and merits most of our attention.

This fever is always of the hectic kind, and accompanied with colliquitive symptoms, particularly with nocturnal sweats. Hence the patient soon becomes emaciated, but a peculiarity occurs in this fever not met with in others: at the same time that the patient becomes languid and reduced he is commonly able to transact his ordinary business, and often continues to do so for a considerable time after the fever has taken place. He is liable to alternate fits of cold and heat; particularly to much warmth over the whole body in the evening; to restlessness and anxiety during the night, and to a constant quickness of pulse; but these symptoms, as long as they have not advanced to a great height,

height, do not excite much alarm, and the patient, while no local affection takes place, continues daily in hopes of getting free of them.

For a considerable time both the patient and practitioner find it difficult to account for these symptoms; for here I am supposing that as yet no outward appearance of syphilis has taken place. They are often attributed to cold; in some cases to an incipient phthisis; and in others to scrophula. Remedies for one or other of these diseases, or perhaps for all of them, are accordingly prescribed, and no advantage being derived from these, the real cause of the fever either is not discovered, or at last the disease breaks out in some such obvious form as leaves no cause to doubt of it.

Among other causes of this uncertainty may be mentioned an opinion which much pains has been taken to inculcate, and which of late has unhappily begun to prevail among those who have not had sufficient opportunities of being enabled

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to judge for themselves. It has been with much confidence asserted, that the matter of Lues Venerea cannot exist in the system, so as to induce any symptom of disease, without shewing itself upon the surface of the body, or in some such manner as to be at once clear and evident. We shall soon have occasion to enter more fully upon the consideration of this question, but at present I may observe, that the opinion to which I allude, although supported with some ingenuity, appears to be altogether void of foundation, and in direct contradiction to the observation of all practitioners of experience; for I hold it as certain that the matter of Lues Venerea often exists in the constitution for a great length of time, and is productive of fever, as well as a variety of other symptoms, where no local affection ever ensues. This may happen where no mercury has been employed; but we meet with it most frequently where this medicine has been used but not in sufficient quantities for effecting a total removal of the virus; where

where it therefore remains in the system, and after lurking there for a longer or shorter period, according to circumstances, it either breaks out early in an obvious manner, or before doing so, excites fever or some other anomalous symptom of a still less suspicious nature.

In all such cases of doubt we must be directed entirely by the history of the rise and progress of the disease, and by our own observation in symptoms of a similar nature.

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## SECTION III.

*Of the Venereal Virus.*

HAVING in the different parts of the preceding section given a description of the various symptoms of Lues Venerea, I shall now offer a few remarks upon the virus by which they are produced.

Of the real nature of the venereal virus no correct knowledge is obtained ; and as it can never be procured in a simple state we can scarcely expect that much satisfaction would result from any inquiries that could be made concerning it. We meet with it most frequently mixed with pus or mucus, and sometimes with blood and serum ; but so intimately is it blended with these fluids, and so little are we acquainted with the peculiar appearances of this matter, that we are not able to distinguish

tinguish it. By some the matter of Lues Venerea has been supposed to be of an acid nature; others consider it as an alkali. One set of practitioners have said that it is of a putrescent quality, while others assert the reverse. It is evident, however, that all such opinions must be merely hypothetical, so long as the matter to be investigated cannot be made obvious to the senses in an uncombined state.

But although there may be some circumstances relative to the matter of syphilis which we may never be able to explain, there are others which we can trace with some precision, and upon which I now mean to offer a few observations. I allude to such as in one shape or another are daily met with by practitioners, of which, therefore, all who have paid due attention to the history and cure of this disease are competent to judge.

The circumstances to which I shall advert resolve themselves into the following questions: Upon what parts does the matter of syphilis chiefly act in producing  
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Lues Venerea; Whether on the solids or fluids? When received into the system can the poison remain there without producing the disease? And is it possible for a person with the virus in a latent state, and without any mark of disease, to communicate the infection to others?

Various opinions have prevailed upon the manner in which the matter of diseases enters the constitution. Some contend that it is taken up solely upon the surface of the body; others that it enters perhaps entirely by the lungs; while some are of opinion, that a great proportion of diseases take their origin in the stomach and alimentary canal. But the point upon which pathological writers have chiefly differed is, Whether the matter of disease, when it has once entered the system, acts most particularly upon the solids or fluids?

The Humoural Pathology, as it is called, prevailed universally for a great length of time. Diseases were supposed to be seated chiefly, if not entirely, in the fluids; and

and so generally was this opinion received, that although others were occasionally proposed, they were considered only as innovations, and for the most part soon fell to the ground.

Of late, however, the opposite doctrine has begun to be more generally received, and it has become fashionable to explain the phenomena of every disease, and the operation of almost every medicine employed for curing them, by their influence upon the solids. To me it appears that both opinions have been carried too far; and while one party have supported one opinion, and the other the reverse, that it is probable no disease of the constitution can take place without every part of the system being affected. I think it evident, however, that every disease produced by contagion acts first upon the fluids, and that the solids are ultimately affected in a secondary way only.

In Lues Venerea this appears more obviously than can be demonstrated in almost any other disease; and being so clear-

ly the case in one disease, it may with propriety be considered as a general proof of the doctrine, even in others, where this kind of proof cannot be obtained ; for if it obviously happens in one disease where the matter of infection can be clearly shown to affect the fluids in the first instance, we have reason from analogy to conclude that it may likewise be so in others, although from a concurrence of circumstances it may not be in our power to show it.

To enter fully upon the consideration of the doctrine, a greater length of discussion would be required than the nature of this work will admit. I shall therefore only mention shortly such circumstances as tend most clearly to establish the opinion which I adopt ; and even this might have been unnecessary if there was not reason to suppose that much inconsistent practice would be the consequence of that opinion being admitted, which of late a great deal of pains has been taken to establish.

Whatever



Whatever may be the case in other diseases, that the fluids are chiefly affected in Lues Venerea, becomes, I think, evident from the following circumstances.

1. The contagious matter of this disease is always communicated in a fluid form. But although this is the case, it is alleged, that even upon its first application it shows a tendency to act chiefly upon the solids, by exciting inflammation wherever it is applied. This appears, however, to be only an accidental, not an essential property of the matter; for instances are frequent, as I have already had occasion to remark, in which it enters the system without inducing either inflammation or erosion. By the acrimony which the matter seems to possess, inflammation most frequently takes place on the spot to which it is applied, by which the corresponding absorbents are with more certainty made to receive it than might otherwise be the case; but no other conclusion can be drawn from this. It

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happens

happens here, as I have already had occasion to remark on the practice of inoculating for the small-pox, that the matter of infection does not readily enter the system where inflammation is not excited; but surely few will suppose that we would fail in producing either of these diseases, were we possessed of any method of introducing the matter to the common course of circulation without exciting inflammation. Even this, however, has been alleged by some; but besides other circumstances which might be mentioned as proofs of the contrary, the clearest evidence of it is obtained, and of inflammation not being essentially necessary for the production of small-pox, from the manner in which the natural form of the disease usually appears, where no inflammation, or any other local affection is perceived till the disease has taken place, when the first effects that occur from it are, fever, and quantities of matter thrown out upon the surface. This takes place in a more obvious manner in small-pox, but  
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it also happens in Lues Venerea, in which a great proportion of the symptoms are evidently produced by contagious matter of a similiar nature to that which first entered the lymphatics at the time of infection, for the matter produced by venereal ulcers and eruptions, will very certainly produce every symptom of the disease, if by any means it is thrown into the system of a sound person. Of this every practitioner, I presume, is so much convinced, that even those who have thought proper in theory to support a contrary opinion would not willingly expose themselves to the hazard of being infected in this manner.

2. It has been a question agitated with some warmth, in what manner does the virus act on being conveyed to the mass of blood? At one period fermentation was considered as a principal agent in producing disease. The matter of infection being received into the circulation, it was supposed by means of fermentation to

possess a power of converting the whole fluids of the body into its own nature. This opinion, however, was liable to various objections, and particularly to this, that it is difficult to conceive how fermentation can go on in circulating fluids. In a state of extravasation we can easily suppose that it may happen; but while life subsists the fluids are kept in such perpetual motion that we cannot easily conceive how such a process can take place. But although fermentation, in the full acceptation of the word, may not occur from this cause, I think it highly probable that the matter of all contagious diseases, and more especially the matter of Lues Venerea, has a power of assimilating to its own nature a certain portion, and ultimately, perhaps, the whole fluids of the body.

3. The quick or slow progress of this assimilating power of the venereal virus may depend on a variety of circumstances, which, however, from our limited knowledge

knowledge of the laws of the animal œconomy, it may never be in our power to ascertain.

4. While the quantity of matter thus assimilated is inconsiderable, no marks of disease will be produced, nor will any effects result from it till it prevails in such quantity as to be capable of exciting some degree of morbid irritability in the living principle.

5. From all this I conceive that in Lues Venerea the matter of contagion acts in the first instance upon the fluids, and that the solids are not otherwise affected, than in being excited by this morbid state of the fluids to some degree of unusual exertion for the purpose of throwing them off, by which eruptions on the skin are produced, ulcers on different parts, as well as all the other symptoms of the disease.

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6. From this view of the origin of Lues Venerea we account for the matter of contagion remaining longer inactive in some instances than in others. Besides any difference which may take place in the state of the fluids upon which the matter has to act, and by which the assimilation to which I allude may be accelerated or retarded, the different degrees of irritability which prevails in different persons, and even in the same person at different times, will also co-operate in producing an early or later formation of the symptoms; for while some are easily stimulated, and may therefore be acted upon almost as soon as the matter of contagion enters the system, others of more sluggish temperaments may, for the production of the same effect, require the matter to be accumulated in such quantities as nothing but a great length of time can accomplish.

7. It may be said in opposition to this opinion, that as soon as this accumulated state

state of morbid matter is accomplished, the effects of it should appear equally upon every part of the body; for the fluids circulating over the whole, the effects of any disease to which they are liable should not be confined to particular parts, as we find to be the case in Lues Venerea. To this it may be answered, that many inexplicable circumstances occur in every disease, and in this respect that the venereal disease is not different from a variety of others in which particular parts are more apt to be affected than others, and in which it is equally difficult to explain why they should be so. Thus it is as impossible to say, why the matter of gout should fix most frequently upon the great toe, as it is to explain the cause of the throat and nose being particularly apt to suffer in Lues Venerea. There may be some kind of attraction between particular parts and the matter of certain diseases; or these parts may be more easily irritated than others, and which ever of these may be the case the same consequences will ensue.

8. It

8. It is asserted by those who support the contrary opinion, that we cannot in any instance discover the cause of disease to be in the fluids. This indeed they are under the necessity of doing in order to give the appearance of probability to their theory in any case. By discovering, therefore, that this assertion is ill-founded, and that in other instances the fluids are obviously affected, we might from analogy say, that they are so in *Lues Venerea*, were the proofs which we have adduced of it less evident than we have shown them to be. Now the action of several other poisons upon the fluids is rendered evident to the senses. This is particularly the case with the poison of different kinds of vipers, in which serous effusions take place in different parts of the body, often in the course of a few hours from the time of the bite being inflicted, and in which the colour of the whole serum of the blood is even in that short space of time tinged of a morbid yellow colour.

9. They

9. They who are of opinion that the cause of disease is not seated in the fluids, are under the necessity of denying, in more instances than one, what in Lues Venerea is well known to be matter of fact. They are obliged to say that the blood is perfectly sound, and that neither this fluid, nor any of the secretions produced from it are capable of communicating infection. A theory being once formed, every argument that militates against it is apt to be overlooked, while, in order to support it, facts are explained away in a manner which they will not bear. This, in some instances, may be followed by very pernicious consequences, particularly where such modes of reasoning are adopted and promulgated by authors of ingenuity and reputation; and as Mr Hunter of London has gone farther than any other author in support of the opinion, that the syphilitic virus cannot be conveyed by or affect the fluids, the following observations will relate particularly to his work \*.

“ We

\* Vide quarto edition, published in 1786.

“ We may observe, says Mr Hunter, that even the blood of a pocky person has no power of contaminating, and is not capable of giving the disease to another even by inoculation; for if it were capable of irritating a sound fore to a venereal inflammation, no person that had this matter circulating, or had the Lues Venerea, could escape having a venereal fore, whenever he is bled, or receives a scratch with a pin, the part so wounded turning into a chancre,” &c. Vide p. 292. Now Mr Hunter here assumes as matter of fact what is not the case; for although all wounds inflicted upon patients labouring under Lues Venerea do not become venereal ulcers, yet frequently, and in almost every instance of the more advanced state of the disease they do so. I have at this time a gentleman under my care whose case affords an instance of this, where the bites of leeches applied to the scrotum on account of inflammation of one of the testes, the consequence of Gonorrhœa, degenerated into venereal sores. This I informed



formed him would not have happened from Gonorrhœa alone. And upon inquiry he acknowledged that six months ago he laboured under chancres and bubo, for which he suspected that he had not used enough of mercury, and that for a week past he had felt uneasiness in his throat, where I found, on inspection, that an ulcer had already formed on one of the tonsils.

In the course of business I have met with various instances of this, and every practitioner must have done so. It must be remarked, however, that we have seldom occasion to take blood, either with the lancet or leeches, in symptoms truly venereal. It is in Gonorrhœa chiefly that this remedy becomes necessary; a circumstance, I may observe, that affords a farther proof of the difference of the two diseases; for while the symptoms in Gonorrhœa are often so acute, and the inflammation so violent, as to require blood to be taken, this almost never happens in *Lues Venerea*, a disease in which the parts  
affected

affected become red and of a copper-colour, accompanied with some degree of uneasiness, but in which that kind of inflammation requiring blood-letting scarcely ever takes place.

Mr Hunter was resolved, however, not to rest satisfied with asserting that the blood of a venereal patient could not communicate infection. In the same page, viz. 292, he even says, that the matter produced by such ulcers as occur in Lues Venerea is not venereal, and that it will not produce the disease. That there may be no suspicion of mistake on my part, I shall transcribe his words. "When the matter has got into the constitution it from thence produces many local effects on different parts of the body, which are in general a kind of inflammation, or at least an increased action, occasioning a suppuration of its own kind; it is supposed that the matter produced in consequence of these inflammations, similar to the matter from a Gonorrhœa or chancre, is also venereal and poisonous. This I believe

believe till now has never been denied, and upon the first view of the subject, one would be inclined to suppose that it really should be venereal; for first the venereal matter is the cause, and again the same treatment cures both diseases; thus mercury cures both a chancre and Lues Venerea; however, this is no decisive proof, as mercury cures many diseases besides the venereal. On the other hand, there are many strong reasons for believing that the matter is not venereal. There is one curious fact, which shows it is either not venereal, or if it be, that it is not capable of acting in some respects on the body or same state of constitution, as that matter does which is produced from a chancre or Gonorrhœa. The pus from these latter, when absorbed, generally produces a bubo, as has been described, but we never find a bubo from the absorption of matter from a pocky sore; for instance, when there is a venereal ulcer in the throat, we have no buboes in the glands of the neck; when there are venereal sores on the arms,

or

or even suppurating nodes on the ulna, there are no swellings of the glands of the arm-pit, although such will take place if fresh venereal matter is applied to a common sore on the arm, hand, or fingers, &c."

Now all this is such loose reasoning as could not have been looked for in a man of Mr Hunter's observation. His overlooking every argument militating against his favourite theory can alone account for it. If the fact be not general no dependence can be placed upon it. If it be general it is not curious: neither is it the case that the matter of chancres and Gonorrhœa generally produces buboes. The matter of chancres often does, but it much more frequently does not; and few practitioners, I believe, will say that buboes are frequent consequences of Gonorrhœa.

I cannot say what may have been the result of Mr Hunter's experience, but I have met with many instances of buboes, or swelled glands, in the thigh, axilla, and neck, as obviously produced by sores  
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in the feet, legs, hands, and throat, as buboes commonly are in the groin from chancres on the penis. But admitting that it is not frequent, still this is no reason for supposing that the matter of these sores is not venereal. If the matter be not absorbed no more harm will ensue from it than if it had never been formed; and in section II. of this chapter, I have shown that it is not so frequently absorbed as the matter of chancres. The reason of this I have also endeavoured to explain, by shewing, that some degree of irritation is required for the purpose of exciting the absorbents to action; and as the matter of Lues Venerea seems to possess very little power of exciting irritation, excepting such as is produced by the primary sores of the disease, it is accordingly seldom absorbed, and still less frequently does it produce buboes; for being of a mild nature it does not so readily stimulate the lymphatics, so as to produce obstructions in the glands as it goes along.



Mr Hunter would have found it difficult, or even impossible, to explain consistently with his theory of the disease, a number of circumstances which we daily observe. He therefore denies that they exist; and he seems to have no difficulty in doing so, even where they are admitted by all unbiaſſed practitioners. In page 291, he ſays, "it is alſo ſuppoſed that a foetus in the womb of a pocky mother may be infected, and have the diſeaſe from her, as it were naturally interwoven with it. This I ſhould doubt very much." And in page 295, he ſays, "It has been ſuppoſed, and aſſerted from obſervation, that ulcers in the mouths of children from a conſtitutional diſeaſe, which conſtitutional diſeaſe was ſuppoſed to be derived from the parent, produced the ſame diſeaſe upon the nipples of women who had been ſucked by them, giving it as it were at the third hand; that is, the children were contaminated either by their mother's or father's having the diſeaſe in form of Lues Venerea, of which

which I have endeavoured to shew the impossibility."

Mr Hunter has certainly endeavoured to shew the impossibility of this, for his system could not otherwise have had the least plausible appearance; but none, excepting such as have not had opportunities of being able to form judgments for themselves, will say that he has proved successful. If I can give credit to any fact with which I am acquainted, I must believe in this, that children may receive, and frequently do receive the venereal disease from their parents labouring under it in a constitutional form; and that ulcers in the mouths of these children will, and frequently do produce the same disease upon the nipples of women whom they suck. Nay, that these will give it again to other children, and these children to other nurses; circumstances which I have so frequently witnessed, so strongly marked, and followed by consequences so distressful to innocent sufferers, that I must necessarily express my

astonishment at a practitioner of experience, appearing to entertain a doubt of their existence.

Mr Hunter, in page 296, proceeds to say, with some appearance of exultation, as judging it to be an unanswerable argument, "that were it possible to contaminate once in this way, it would be possible to contaminate for ever;" a circumstance which he seems to consider as ridiculous: But surely all this would happen. Nurses and children infected in this manner would undoubtedly continue to communicate the contagion to others as long as they were not cured of the disease. Nor would there be any thing in all this that does not daily happen; and in whatever way the disease is communicated we have reason to think that it would be the case.

In order I suppose to convince others that he himself at least is convinced of the opinion which he supports being well founded, Mr Hunter, in p. 12, goes even farther than any thing that as yet I have mentioned: That the venereal disease is to be propagated

propagated only by matter is proved every day, he says, by a thousand instances. And in the belief of this being the case he afterwards observes, that he has gone so far as to allow married men who had contracted the disease to cohabit with their wives, in order to save appearances, and always with safety: Nay, that he could carry this still farther, and allow a married man who has a Gonorrhœa to have connection with a sound woman, if he took care to have all the parts cleared of matter, by syringing the urethra, making water, and washing the glans.

I believe with Mr Hunter, and every practitioner perhaps will do so, that the risk of communicating infection will not be so considerable where no matter is formed as where ulceration actually takes place; but I also know, that a woman would run much risk of being injured by cohabiting with a man whose blood was infected with matter of syphilis, although no local marks of it should appear, for I have met with various instances of it; and I also

know from a variety of facts, that both father and mother, in situations such as this, and where no bad symptoms were ever perceived, have communicated the disease to the foetus. Where this has happened from the mother being infected, the matter of contagion must pass from the mother to the child along with the blood; but where it takes place from the father, as is most frequently the case, there is no other mode by which it can be conveyed but by the semen. I shall have occasion, however, to make some farther observations upon the subject when treating of Lues Venerea in new-born infants.

From all that I have said, I think it will appear, that the matter of contagion in Lues Venerea, in the first place, acts upon the blood alone; that by accumulation it comes to irritate the solids or containing parts, and in this manner that effusions and consequent ulcerations are produced; that the venereal poison may remain long latent in the system; that  
this



this will depend upon the irritability of the person, as well as upon the particular state of the fluids at the time, by which they may be more or less liable to the assimilating effects of the matter of contagion; and lastly, that a person with the virus in this latent state, and without any external mark of disease, will communicate the infection to others.

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## SECTION IV.

*Of the Remedies used in Lues Venerea.*§ I. *General Observations.*

**A**S no disease has engaged more of the attention of practitioners than Lues Venerea, so there are perhaps none in which more remedies have been employed. Towards the end of the fifteenth century, when the first accurate description was given of this disease, a great variety of remedies was proposed for it; and as it daily increased in violence till the use of mercury was introduced, scarcely an article in the materia medica was left untried in the short space which elapsed between that period and the fortunate discovery of this powerful antidote.

Even

Even long subsequent to this many new remedies were brought forth; for while mercury seldom fails of curing the disease, it was soon found to be productive of many inconveniencies. Every country has accordingly been ransacked, but after all the researches that have been made, the number of articles employed in modern practice for the cure of the disease are few; and it is these only which I now mean to mention. The others, having been found either altogether inefficacious, or comparatively of weak powers to those which are retained, have necessarily fallen into disuse, so that now it would be superfluous to speak of them.

The only antisiphilitic medicines now in general use are, mercury, guaicum, sarsaparilla, mesereon, and opium: Of each of which I shall speak separately.

## § 2.

*Of Mercury.**I. General Observations upon Mercury.*

MERCURY having been long employed for the cure of herpetic eruptions, we are not surpris'd at finding it early recommended in Lues Venerea, in which the most obvious of the symptoms chiefly affect the integuments of the body. Besides, as it was universally known to be one of the most active medicines ever made use of, we can easily suppose that practitioners would soon be induced to employ it for the removal of a disease which resisted the effects of every other remedy.

Mercury in its crude state is found to be nearly inert, or not capable of producing

ducing any active effect, insomuch that it may be taken into the stomach in very considerable quantities. It has been swallowed to the weight of several pounds, and repeated daily for two or three weeks together with scarcely any effect being perceived from it; so that wherever it has proved active when used in this state, as in a few instances has been the case, it must probably have been the effect of some unusual degree of acidity in the stomach or intestines.

This inactivity of mercury in a crude state, seems to depend entirely upon its insolubility in the fluids with which it usually meets in the human body. In this state it either is not absorbed, or if absorbed, by not being soluble it remains inert.

I shall afterwards point out the different means employed for rendering mercury active, and for introducing it in this state into the system, but previous to this it will be proper to offer a few observations upon the ordinary effects of mercury,  
and



and upon the different opinions which have prevailed respecting its mode of action in curing the venereal disease.

## II. *Of the Effects of Mercury upon the Human Body.*

ONE of the most certain effects of mercury is, that it acts as a cure for the venereal disease. In this indeed it so seldom fails, that whenever it does not succeed, as occasionally is the case, we are apt to suppose that it is owing either to the medicine not being properly administered; to its not being given in sufficient quantity; or to the symptoms of the disease not being altogether venereal.

Besides this, mercury is perhaps one of the most universal stimulants with which we are acquainted. Even in small quantities it often excites heat over the whole body,

body, quickness of pulse, and other symptoms of fever.

It is also a very powerful evacuant. Other medicines act with equal certainty upon particular organs, of which we have examples in the effect of ipecacuanha upon the stomach, and of jalap, aloes, and other purgatives upon the intestines; but we know of none which so generally affects all the secretions. Almost all preparations of mercury will act as purgatives. They also produce sickness, nausea, and vomiting. They often excite an increased discharge of urine; and few medicines operate with more certainty upon the skin, for they can scarcely be employed without being productive of some degree of diaphoresis.

The most remarkable effect, however, which we perceive from mercury is an increased discharge of saliva; and it is perhaps the only medicine which from internal exhibition is known to act almost  
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with certainty upon this secretion. It first excites some degree of foetor in the breath, which is often accompanied with a gentle nausea, and very commonly with the taste of copper. The gums become red, full, and somewhat tender. The salivary glands become hard and turgid, and at last an increased flow of saliva takes place, accompanied with a good deal of pain in chewing, and with a loose vacillating state of the teeth. For the most part this increased quantity of saliva bears some proportion to the quantity of mercury that has been exhibited; but this does not always happen, for occasionally we meet with cases in which a very great and long continued discharge of saliva is excited by the smallest dose of mercury that is usually given. I have known it happen from two grains of calomel, and even from a small dose of Æthiop's mineral.

In such instances, if the farther exhibition of the medicine be not managed with caution, besides a great flow of saliva, and

and swelling of the salivary glands, a very distressful tumefaction takes place over all the contiguous parts, and particularly of the tongue and fauces. This also happens wherever mercury is given in too great quantities, and especially if the patient is suddenly and unexpectedly exposed to cold or dampness. Where this takes place to any considerable degree the whole surface of the mouth over the inside of the cheeks, the tongue, uvala, and gums, are apt to ulcerate, and the matter which ensues, by mixing with the saliva gives it both an additional foetor, and an ugly, sanious appearance.

Besides the usual symptoms of fever, mercury is apt to excite restlessness, anxiety, general debility, and a very distressful irritable state of the whole system.

These are the ordinary effects of mercury, and it will presently appear that in the treatment of *Lues Venerea* one of the greatest difficulties that practitioners have to encounter is the management of this medicine; for while the cure of the disease

ease often requires it to be given in large quantities, the constitution is apt to be much injured if it be not exhibited with the greatest care and attention.

### III. *Of the Operation of Mercury in the Cure of Lues Venerea.*

VARIOUS opinions have been offered of the action of mercury in the cure of this disease. It would be foreign to our purpose, however, to enter minutely into the consideration of any of them. I mean therefore to make only a few observations upon such as have been most generally received, and chiefly upon that which in my opinion ought to be adopted.

1. Some have imagined that mercury acts chiefly in the cure of Lues Venerea by exciting a dissolved or putrid state of the fluids, which they conceive to be a state favourable for the peccant or morbid matter



matter of the disease being thrown off from the system.

The chief foundation of this opinion is the fœtor that we commonly perceive in the breath of patients under a course of mercury, and the increase with which it is usually attended of almost all the secretions.

Knowing, however, as we do, that whatever excites a quickened state of the circulation is commonly productive of an increase to all the secretions, and also, that a quickness of pulse is a very common effect of mercury, I conclude, that upon this principle this effect of the medicine is more clearly explained than upon any other opinion that has yet been suggested. Besides, we know from actual observation, that the blood, during a considerable part of a course of mercury, instead of being thin and dissolved, is of a more firm texture than it usually is in health. Mercury, when long continued indeed, never fails to excite much languor and debility, with many of the corresponding symptoms of a

VOL. II.                      O                      putrescent

putrescent or scorbutic diathesis; but as many of the symptoms of syphilis are daily cured without this taking place, there is reason to suppose that this effect of mercury upon the system is in no way necessary for the cure of the disease.

In confirmation of this I may remark, that all the slighter degrees of Lues Venerea, are often removed, and in some instances cured, without even the saliva being increased in quantity or affected with foetor: nay, a peculiarity of constitution sometimes occurs, in which we cannot induce either salivation or foetor of breath by all the mercury that we dare venture to give.

2. The symptoms of Lues Venerea being considered by some as the effect of a peculiar irritation excited by the presence of the venereal poison in the system, they have also ventured to say that mercury cures the venereal irritation, as they term it, by producing an irritation of a different kind\*.

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\* Vide Mr Hunter's Treatise on the Venereal Disease.

The reasoning, however, which has been employed in support of this opinion, seems to be altogether hypothetical, and directly contrary to many facts which fall daily within our observation in the treatment of this disease.

Local pains may for a time be suspended, or they may even be entirely removed, by irritation of a different kind being excited either in the contiguous or some more distant parts of the body; but we know of no constitutional disease that has hitherto been cured by such means. This affords, therefore, much cause to suppose, that the opinion is ill-founded when applied to the action of mercury in the cure of Lues Venerea; for when no such effect is found to take place in other diseases, we cannot, without the strongest proofs were given of it, be led to imagine that any thing so very unusual should take place in this disease only. Mr Hunter indeed gives as the chief reason which he suggests in support of his opinion, that "the disease can in many cases be cured

“ by raising a violent stimulus of another kind \*.” I must however say, that I never met with an instance of this, nor have I been able to hear of any who have done so; neither has Mr Hunter, in treating of the method of cure, mentioned any article for the purpose of curing the disease in this manner.

The opinion seems to have arisen from mercury being known to act as a very powerful stimulant; but although this will be very generally admitted, yet it is also well known that this stimulating effect of mercury, is not only unnecessary for the cure of Lues Venerea, but that it is one of the most distressful occurrences that we meet with in the treatment of this disease, and that the more we can counteract it, consistently with the quantity of the medicine to be given, the more certainly do we succeed. So evidently indeed is this the case, that it may be considered as one of the principal desiderata in the

\* Vide p. 365.

the cure of syphilis, the means of throwing mercury in an active state into the system, and in sufficient quantity for the speedy cure of the disease without producing these stimulating effects. Were we possessed of this the cure of *Lues Venerea* would be accomplished with ease, and probably in one half of the time that is now found necessary. With the assistance of anodynes we in some degree counteract the stimulating effect of mercury, but the most powerful we can employ, even opium itself, is not always sufficient; so that we succeed only by exhibiting the medicine in small quantities, and interrupting the use of it altogether whenever it excites much fever, or proves otherwise so powerfully stimulating as to be productive of much uneasiness.

Another obvious proof may be mentioned of this stimulating effect of mercury being in no degree necessary for the cure of *Lues Venerea*. From time to time we meet with constitutions in which none of the usual effects of the medicine are



ever produced, and yet even in these it often cures the disease. I must indeed acknowledge, that it does not with such certainty succeed if salivation cannot be excited; but this appears to proceed from the mercury in these cases not having entered the circulation, and in no degree from salivation, as will hereafter appear, being necessary in the cure: neither does the quickness of pulse, and other febrile symptoms which mercury usually excite, ever prove useful. On the contrary, they always impede the progress of the cure; but from experience we know, that a quantity of mercury, sufficient for the cure of the disease, cannot be thrown into the circulation, without being productive of these distressful symptoms. At one time I entertained a different opinion upon this point, but I think it fair to acknowledge, that farther and more extensive experience has convinced me of my mistake; and I now from much observation know, where salivation, quickness of pulse, and other symptoms indicating the introduction

tion of mercury to the circulation are not induced, that we never can be sure of curing the disease however long the mercury may be continued.

I may farther remark, that if mercury acted in the cure of *Lues Venerea* by the irritation which it excites, other stimulants ought also to do so; but we have not one authenticated instance, either of a single stimulant, or of any combination of medicines of this class, having ever accomplished a cure, which we cannot suppose would have been the case were the opinion which we are now considering well founded.

3. Mercury being specifically much heavier than any of the fluids of the human body, it was a prevailing idea with many that it operated chiefly in the cure of *Lues Venerea* by its weight. This opinion, however, seems to be equally ill-founded with the one that we have just been considering. It has not been found that other articles of equal or greater

ponderosity cure this disease. It is difficult, or even impossible, to conceive that any medicine can prove useful merely from its weight; and we have no well authenticated instance of mercury in a metallic form having ever been discovered in any of our fluids.

I may also observe, that the real weight of mercury that enters the system in any case of Lues Venerea must, for the most part, be very inconsiderable. Where the more active preparations of it are employed this is particularly the case; but even where triturated mercury is used internally, the form now in common practice, we seldom find it necessary to exceed three or four drachms, and this requiring the space of six, eight, or ten weeks, the quantity in the constitution at any one time must at all times be trifling.

4. The most prevalent opinion upon this question at present is, that mercury cures the disease by the evacuations which it excites. This has been supported by  
much

much ingenious argument; and as it is known that mercury seldom exists in the system without producing an increase of one or more of the secretions, we need not wonder at the preference which on a cursory view was given to this opinion. I think, however, that it may be easily shewn that it is not in this manner that mercury acts in the cure of syphilis.

If this opinion were well founded, mercury ought to prove useful, or otherwise, in proportion to the evacuation which it excites. At one period this was generally believed to be the case, and accordingly the greatest degree of salivation that a patient could bear was commonly advised; but now that the treatment of syphilis is better understood, it is universally known that severe evacuations are not necessary, nay, that they often retard the cure. It happens, indeed, as we shall hereafter more particularly endeavour to shew, that some of the more inveterate symptoms of *Lues Venerea* cannot always be cured but with such quantities of mercury, as necessarily,  
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in a great proportion of cases, produce salivation to a considerable height. But we judge that this is merely an accidental property of the medicine, and not necessarily connected with the cure of the disease, from our being able to remove all the slighter degrees of it without exciting salivation, and from cures being occasionally obtained even of the most inveterate symptoms, without either the teeth, gums, or breath being affected.

Neither does it appear that the power of mercury in promoting any of the other secretions is in any degree useful in the cure of Syphilis; at least instances often occur in which cures are accomplished without any sensible evacuation taking place. Nay, I have had evident proofs of a cure being retarded by mercury going too freely off by perspiration; and we daily meet with instances of this where it affects the bowels so as to excite diarrhoea.

If mercury acted in the cure of syphilis by increasing the secretions, other evacuants



cuants might also be supposed to prove successful: But no instance of this has happened, while we cannot doubt but that it must have been frequently perceived if any advantage had ever ensued from them. The necessity of promoting one or other of the secretions for the cure of other diseases is so frequent, and *Lues Venerea* so often takes place along with other symptoms, that every doubt would long ago have been removed. If the opinion which we are now considering had been well founded every practitioner must have observed instances of the disease being cured by diaphoretics, diuretics, and other evacuants; but none will probably assert that they have done so.

We might, *a priori*, suppose, that syphilis cannot be cured by evacuants, but we know from experience that it is so, and that they do not even afford relief in any of the symptoms. We can easily conceive how those diseases that originate from affections of the solids, particularly such as are produced by spasm, or stricture upon

upon the surface, may be much alleviated, or even altogether removed, by the operation of diaphoretics. By removing the cause the effect ought soon to cease. But where symptoms are induced by contagion in the general mass of blood, and where this contagion has a power of propagating itself, as we have shewn to be the case in *Lues Venerea*, it does not appear how they are to be removed by evacuations. By the use of diaphoretics and other evacuants the quantity of fluids in the system may no doubt be lessened, but this will not alter the nature of those that remain: If they were diseased before they will still continue to be so; for it is not alleged that medicines of this nature have the power of discharging those parts of the blood that are diseased and leaving such only as are sound, and yet this would necessarily be the case if the venereal disease could be cured by evacuants.

5. Of all the opinions that have yet been advanced concerning the operation of mercury in the cure of Lues Venerea, that which supposes it to act as an antidote is liable to the least difficulty. This was long ago very universally admitted, nor was much doubt ever entertained of it, till attempts were made by theoretical writers to account for every disease, and for the operation of every medicine, upon such general principles as are not often applicable in practice. Where principles of this kind are clear and evident, they ought certainly to be adopted, but the surest method of having them overlooked in every case, is to attempt to introduce them in all. By doing so, absurdities must often be admitted which tend to invalidate the whole, and by which many are led to throw aside reasoning in all cases, who willingly would go into it if our systems of theory were confined to such questions as it is in our power to explain.

Writers

Writers of this class deny the antidotal power of every medicine, merely from their not being able to account for the manner in which they act. They do not consider that many of the most common operations of chemistry are equally inexplicable. Thus no person can say why or in what manner the properties of an alkali should instantly be destroyed by an acid brought into contact with it. I do not say that the operation of mercury in the cure of syphilis is analogous to this; but the one I think is equally incomprehensible with the other, and that mercury acts in this disease consistently with the idea which we affix to an antidote is at least highly probable. What I conceive to be the property of an antidote, is, that when it comes in contact with the poison for which it is appropriated, it either renders it altogether inert or so far changes its nature that no deleterious effects are produced by it. Now it so happens that we can bring more decisive proofs of this being the effect of mercury in the cure of Lues Venerea,

Venera, than we might at first imagine would be in our power in accounting for the action of any medicine in the cure of any disease. Among others the following may be enumerated.

1st, We know by experiment that the matter of Lues Venerea on being mixed with triturated mercury is rendered inert, and will not produce the disease. The fact is recorded by the best authority, the late Doctor Cullen, who having supported more ably perhaps than any other person an opposite opinion, we are not to suppose that he would have given room to what militated so strongly against it if he had not been convinced of the fact being well founded. His words are, "A physician took a quantity of matter from a venereal chancre, and mixing it with a quantity of Plenck's gummy solution of mercury, he applied this mixture to a sound person, but could not find that it produced either chancre or any other syphilitic symptom \*." This fact of itself might

\* Vide a Treatise on the Materia Medica by the late Dr William Cullen. Vol. II. p. 448.



might be judged to be decisive, but more complete conviction is obtained of its being so from every view that we can take of the chief phenomena observed to occur from the operation of mercury in the cure of this disease.

2dly, We have daily evidence of the power of mercury in the cure of venereal sores, not merely by acting upon the disease in the constitution, but on being locally applied to chancres and other ulcers.

In answer to this it is said that these sores may be cured by other articles besides mercury. Allowing this to be the case, it is sufficient for our purpose that they are more certainly and more speedily cured by mercurial applications than by any others; a fact so notorious that mercury in one form or other is now the chief dressing for chancres all over Europe. Copper has been much extolled for this purpose, but although I have used it in every variety of form, it has never proved

proved equal to the different preparations of mercury.

It is also said that mercury does not always cure venereal ulcers, which it ought we are told, to do, if it acted as an antidote. This kind of cavil, however, requires no serious refutation. We may regret that our medicines will not cure every disease, but all will allow that we are more certain of curing syphilis by means of mercury than of removing any other disease by any remedy whatever.

3dly, Besides these local effects of mercury upon the matter of Lues Venerea, we have the clearest proofs that can be wished for of its acting as an antidote to the virus through the whole progress of the disease. Nay the very practice of those who combat this opinion tends to evince it, although they do not seem to be sensible of its doing so. The first symptom of the disease that commonly succeeds to chancre, is bubo, produced, as is now universally known, by the venereal virus

being absorbed and lodged in a lymphatic gland. Now it is acknowledged by all who have considered the subject, that our best practice here is to bring the mercury that we mean to employ as quickly as possible into contact with the virus lodged in the obstructed gland. Nay, of so much importance is it that this should be done, that although we may prevent the system from suffering, by using the medicine in a different manner, yet no other practice will prevent the virus from continuing to irritate the obstructed gland till it is at last thrown out by a complete formation of matter. Now in what manner does the mercury act here? It cannot be by dissolving the texture of the blood, for we have already shewn that this does not happen if it be not from a course of mercury long continued, while buboes are often removed by a very short application of it. It cannot be by its weight, for a few grains of it often proves sufficient; and besides, it would have in most instances to act contrary to its own gravity.

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It is not by exciting irritation, under any kind of modification, for when mercury succeeds in resolving these tumours the pain produced by the first formation of them very quickly subsides, while no irritation of any other kind ever succeeds to it. Neither does it act by exciting evacuation; nor could evacuations be of any avail. The disease is here in a local state: In the formation of bubo the matter does not necessarily enter the system, so that there is nothing to carry off. I therefore think we may fairly conclude, that as the action of mercury in the cure of buboes cannot be explained in any other manner, and as we find from the testimony of all practitioners, that it does not tend to remove them by discussion if it be not brought into direct contact with the venereal virus, that it proves effectual only by acting as an antidote. In my opinion this affords the clearest proof of its doing so that can be desired. It even removes the objection that has been stated to the antidotal power which

we suppose mercury to exert in the cure of Chancres, where it is said that these sores can be cured by other applications; for in the treatment of buboes no practitioner has ever ventured to suppose that they can be resolved by the absorption of any other remedy but mercury.

4thly, In tracing the effect of mercury upon the venereal virus still farther, we have all along the clearest evidence of its acting as an antidote. In the treatment of many of the symptoms of syphilis, almost as soon as we can suppose the mercury to have entered the system, the same kind of relief is obtained which we experience from this remedy when it proves successful in resolving buboes. This is particularly the case in the venereal sore throat, where a good deal of uneasiness generally prevails till mercury is given, and in which much relief is commonly obtained soon after it is employed, without any other irritation being excited, and of-



ten before the medicine has produced any evacuation whatever.

5thly, We conclude that the relief experienced from the internal use of mercury in the treatment of local venereal symptoms proceeds from the medicine coming in contact with the virus, in the first place, from our finding, as I have just observed, that it is analogous to what happens in the cure of buboes, where we know that the mercury is directly applied to the virus; and secondly, from our having convincing proofs of the medicine entering the circulation almost in every case in which it proves successful, and therefore that it must be applied to every part that is diseased. Some indeed have alleged that mercury never enters the circulation. In a metallic form this may perhaps be the case, but that the essential parts of it pass into the system is obvious, not merely from its influence in curing diseases, but from the taste which it gives to the saliva, although it be absorbed at

a distant part of the body ; and from the effect produced by the exhalation of a person under mercury upon gold and silver carried in the pocket, which is exactly similar to that which occurs from mercury being rubbed upon these metals.

6thly, It has been stated as an objection to this opinion, that the quantity of mercury employed for the cure of *Lues Venerea* is so small, that it is difficult to conceive how it can have influence upon the general mass of blood, to which it bears such a small proportion. To obviate this difficulty an ingenious opinion has been offered. As we perceive the venereal virus to produce effects chiefly upon particular parts, it is supposed that all that exists of it in the mass of blood may be thrown out upon or be attracted by these parts, and therefore that the mercury employed in the cure, instead of acting upon the general mass of blood, may be supposed to exert all its influence upon the diseased parts only \*.

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\* Vide *Observations on Mercury*, by Dr Andrew Duncan, Professor of Medicine in the University of Edinburgh.

I think it more probable, however, from many of the phenomena of the disease, and it must undoubtedly be so if the opinion which I thus endeavour to support be well founded, that the whole mass of blood is tainted in an equal degree while any part of the contagion remains in the constitution, and that the mercury employed in the cure acts equally upon every part of it. We know that the disease itself may be produced by a very small particle of matter. We may just as readily suppose therefore that it may be cured by a small quantity of any remedy that acts as its antidote; and it is perhaps equally difficult to explain the manner in which such a small portion of matter acts in assimilating quickly to its own nature such a large proportion of our fluids, as it is to account for the manner in which the mercury operates which we employ for curing the symptoms produced by it.

Upon the whole, therefore, as the action of mercury in the cure of *Lues Venerea*

rea is not accounted for by any other opinion that has yet been proposed ; as we have complete evidence of the disease being at all times the effect of contagious matter having got access to the blood ; as the local effects of this matter are cured by mercury, whether they appear in the form of ulcers or by obstructing the lymphatic glands ; as no other remedy hitherto employed operates with certainty, either in removing this matter from the blood, or in obviating the effects of it ; as mercury seldom or never fails in curing syphilis, when it can be made in sufficient quantity to enter the blood, if it be not when Lues Venerea is connected with other diseases, or with such peculiarities of constitution as will not bear a sufficient quantity of mercury ; and as no instance perhaps can be adduced of a cure being accomplished where the presence of mercury in the blood was not rendered obvious either by the usual effects of it upon the mouth or upon gold and silver carried in the pocket, we have no reason to doubt

doubt of this remedy operating perhaps entirely as an antidote ; that is, by rendering the matter of contagion inert or incapable either of exciting the disease, or continuing the symptoms even after the disease has been produced.

#### IV. *Of the Preparations of Mercury.*

I have already had occasion to observe that crude mercury is not soluble in any of the fluids which it usually meets with in the human body ; and as no effects result from it while it remains in this insoluble state, it has been considered as a very important object to prepare it in such a manner that it may with most ease and safety be introduced into the system in a soluble form. It unfortunately happens, however, that all the active preparations of mercury, I mean such as prove effectual in curing the venereal disease, are apt to excite very disagreeable symptoms, particularly salivation to a distressful



distressful height, purging, and general debility. Scarcely any practical point therefore has met with more attention than the different methods of exhibiting mercury. Regular practitioners have in all countries been anxious to render mercury at the same time active and safe, while it has been the pride of every empirick to be able to boast of some new discovery by which this remedy may be given with freedom and safety, without being deprived of any of its essential properties.

The preparations of mercury are accordingly numerous: I could mention upwards of five hundred. The consequence of which is, that much doubt and uncertainty has taken place concerning them; for while one preparation has been in common use with some practitioners, we find it entirely neglected by others; and in some countries preparations of mercury are employed daily which in others are very generally condemned.

This would lead to the conclusion of our being able to cure the disease, with  
perhaps

perhaps equal ease and safety, with a great variety of these preparations, and this I believe to be in some measure the case. We are very apt to fall into a routine of practice, from which it is with some difficulty that we emerge, and which therefore every practitioner ought early in life to avoid. In no instance is the want of attention to this more conspicuous than in our practice in *Lues Venerea*, where the same practitioner very commonly persists in the same method of exhibiting mercury, and is therefore soon induced to suppose that no other is equally powerful; whereas, were he to make trial of others, he would find many by which the disease can be cured with equal ease, expedition, and certainty. To enumerate all the preparations of mercury that have been employed, could answer no good purpose; and being unnecessary, the attempt would be improper. I shall shortly mention, however, all such as are in general use, with the views which practitioners

titioners have in giving a preference of one to the other.

It is found by experience that mercury may be rendered soluble, so as to prove active when received into the system, by three different processes; by trituration; by calcination; and by solution in various acids.

Whether any property is communicated by any of these processes to mercury which it did not before possess it may be difficult to determine. It would appear that they render mercury active nearly in proportion to the degree of solubility which they give to it; and this again seems to depend in a great measure upon the degree of separation which these processes produce between the different particles of the mercury: At least this is clearly the effect of trituration. We have seen that in a crude state this metal is altogether inert; we find by experience that it proves active in proportion to the trituration which it receives; and as by calcination and solution it becomes still  
more

more active than it can be made by triture alone, we conclude that these processes are better calculated for producing a more complete division of its particles.

By agitation alone mercury may be reduced to the state of a powder, as was first attempted by Doctor Boerhaave, and afterwards by the very ingenious Doctor Saunders of London; but the length of time required for this being considerable, practitioners have been accustomed to triturate the mercury with such substances as tend more effectually to keep the particles of the metal separate from each other, by which, while the virtue of the medicine is not lessened, the process for obtaining it is much shortened. This, accordingly, is the foundation of various active preparations of mercury, of which the following are in most frequent use.

I. Where mercury is triturated with unctuous substances, and used externally only, as is the case in the emplastrum hydragryri of the London and Edinburgh dispensatories,

dispensatories, and in the unguentum hydrargyri vel mercuriale.

II. Where it is triturated with gums, mucilages, and saccharine substances, and chiefly employed for internal use, as in the pilulæ hydrargyri pharm. Lond. et Edin.; in the solutio mercurialis gummosa of Plenck; in the injectio mercurialis; and mel mercuriale.

III. Where it is triturated with dry calcareous powders, such as crabs eyes, and prepared chalk, forming what is usually termed mercurius alkalifatus\*.

Besides these, mercury might be triturated with other substances with perhaps equal advantage. Sulphur alone seems to render it inert, or nearly so. The more friction that is given to mercury mixed with other substances the more active it becomes, while the more that it is rubbed

\* Prescriptions for each of these, as well as for the preparation of every other article which I shall have occasion to mention, will be given in the Appendix.



bed with sulphur the more inert it is rendered.

A very active preparation of mercury is obtained by means of heat: it is termed *mercurius calcinatus*, and is the basis of different pills and powders. In this process the mercury is reduced to a calx by long exposure to a very considerable degree of heat.

Mercury is found to be more or less soluble in every acid, and the calx or salt obtained from these solutions gives the most active form of the remedy with which we are acquainted.

If, Mercury combined with the muriatic acid gives, by different processes, the *mercurius sublimatus corrosivus*, or *hydrargyrus muriatus corrosivus*; and *mercurius dulcis*, calomel, or *hydrargyrus muriatus mitis*; from the first of which are prepared the *solutio mercurii spirituosæ* of Van Swieten; the *aqua phagadenica* and other watery solutions of corrosive sublimate of different authors, and *pilulæ e mercurio*

mercurio corrosivo. From the latter, viz. mercurius dulcis, are prepared a variety of active formulæ both for internal and external use; but these differing only in the vehicles by which they are conveyed it is not necessary to enumerate them here.

2dly, With the acid of nitre, from which is prepared mercurius precipitatus ruber, the basis of various external applications; unguentum hydrargyri nitrati mitius, vel unguentum citrinum; and pulvis mercurii cinereus.

3dly, With the vitriolic acid, with which we prepare turpethum minerale, or hydrargyrus vitrolatus flavus.

4thly, With the acid of vinegar, from which is prepared Keyser's pills; analogous to which is the terre feuilleté mercurielle of Preslavin, prepared with mercury dissolved in the acid of tartar.

Mercury

Mercury has also been dissolved in the acids of lemons, sugar, borax, arsenic, and spar; and in a greater or lesser degree it is soluble, as I have already observed, in perhaps every acid; but as every useful purpose of the medicine may be obtained from one or other of the foregoing forms, it appears to be unnecessary to enumerate more; particularly, as those who wish for farther information will readily obtain it in the various Dispensatories published in different parts of Europe.

It may here be proper to remark, that although all of these preparations are in appearance different from each other, yet all of them seem to have nearly the same effect upon the mercury. They tend all to reduce it to the form of a calx, and in proportion as the calcination is completely accomplished the medicine becomes active or otherwise. Even the trituration of mercury has the effect of reducing it to the state of a calx, and it is obviously in this manner that it is acted upon by acids; for when dissolved in acids, and

the solution evaporated, nothing but a pure calx is observed to remain.

But although all of these preparations of mercury seem to be more or less active according as the calx which they produce is more or less perfect, there is however a manifest difference in the calces that we obtain from them. All of them produce the distinguishing characteristics of mercury upon the system; they cure the venereal disease, and they excite salivation; but this is done much more easily, and with less distress in the operation, by some of these than by others.

Of all the preparations of mercury those that we derive from triture alone seem to be the best for general use. They cure the venereal disease with the same certainty as the others, and they do not so readily affect the stomach and bowels; although the saline preparations of mercury, when completely separated from the acid with which they are combined, may, under proper management, be given with perfect safety, and with equal certainty

of curing the disease. Corrosive sublimate mercury, as it is termed, is one of the most acrid of all the mercurial calces\*, insomuch that scarcely any person can bear it in the doze of a grain, and in the quantity of a very few grains it acts as a poison; but even this very acrid remedy is rendered so mild by being deprived of the acid with which the mercury is united, that in the form of calomel it may with safety be given to the extent of several grains at once †. We find also that the saline calces of mercury prove in some degree acrid in proportion to the strength of the acid with which they are combined; hence all the combinations of mercury with the muriatic acid, with the acid of nitre, and the vitriolic acid, prove much more acrid than the calces obtained from mercury united with the acetous acid, or acid of tartar. It is therefore probable, if these preparations of mercury could be entirely de-

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\* Vide Appendix, No. 8.

† Vide, No. 9.



prived of their saline combinations, that they would not differ in any material point from the preparations obtained of this metal by triture.

As yet, however, we have not been able by any process to which they have been subjected, to prevent them from operating very differently upon the human body, according to the kind of acid with which they are prepared. Thus, while simple triturated mercury acts chiefly upon the salivary glands, mercurius sublimatus corrosivus is more apt to act as a diaphoretic, and it readily excites nausea and vomiting. The same preparation again, when more completely deprived of its acid, does not seem to affect the skin, nor in small doses does it so readily injure the stomach, while it acts with more certainty as a purge. Indeed calomel, in proper doses, is perhaps one of our surest purgatives; and in order to act upon the salivary glands it must either be given in small doses, frequently repeated, or combined with opium or some other astringent.

Mercurius

Mercurius cinerius is also apt to act particularly upon the bowels, while the combination of mercury with the vitriolic acid in the form of Turbeth's mineral, or hydrargyrus vitriolatus flavus, chiefly operates upon the stomach.

It is proper that in practice these different actions of the preparations of mercury should be kept in view ; for although all of them, as I have observed already, will, under proper management, cure the venereal disease, some advantage is occasionally obtained from adapting them as much as possible to the nature of the symptoms for which they are intended. Thus, when a mercurial emetic is wished for, we give Turbeth's mineral ; calomel is always given as a mercurial purgative ; and in particular affections of the skin corrosive sublimate appears in some instances to succeed where other preparations of mercury have failed.

*V. Of the different Methods of exhibiting Mercury.*

IN the cure of Lues Venerea, mercury, in every form, acts either locally upon particular symptoms, or it enters the system and cures the disease of the constitution. I shall afterwards have occasion to speak more particularly of the treatment of the local symptoms of the disease, at present we shall attend chiefly to the different methods of throwing mercury into the system.

Three different methods have been employed for exhibiting mercury; by conveying it in the form of fumes; by taking one or other of the preparations of mercury into the stomach; and by applying them to the surface of the body.

The fumes of mercury are applied to the body by burning mercurial calces in the patient's chamber. By thus breathing,

ing, as it were, a mercurial atmosphere, and having the fumes equally applied to every part of the surface of the body, the usual effects of mercury upon the system are soon produced, more quickly perhaps than by any other method. Cinnabar is commonly employed for this purpose; but Turbeth's mineral, with the addition of sulphur, and Æthiop's mineral, answer equally well.

Where it is meant to raise a salivation suddenly, or to throw mercury quickly into the system, this is perhaps the surest method of doing it; for with the fumes of mercury a salivation is sometimes excited in the course of a few hours. This brought the practice into much reputation, when salivation alone was considered as the chief part of the cure; but now when it is known that *Lues Venerea* may be cured without any severe degree of salivation being excited; that the more gradually mercury is thrown into the system, the more effectually it operates; and that very violent effects are sometimes produ-

ced by fume-gating with mercury, the practice has of late been very generally laid aside

I think, however, that it may occasionally be employed with advantage; and in different instances I have found this to be the case. I will not say that it should ever come into general practice, but I am clearly of opinion that it should not in all cases be laid aside. The fumes of mercury being applied to venereal sores will sometimes forward a cure when every other preparation has been tried in vain; and I have met with a few cases in which the mercury either went off too rapidly by stool, when taken into the stomach, or where it was not absorbed if applied in the form of unction to the surface of the body, and in which it soon proved effectual when used in this manner. It is particularly useful where venereal sores are seated on parts of much importance; and where, from making a rapid progress, there is cause to dread that they may prove hazardous. In such circumstances we seldom



dom fail in giving a sudden check to the symptoms by fumigating with mercury; but this is perhaps all that we should expect from it. It is obviously of a more subtle nature than any other mercurial application. It therefore enters the system more readily; but the effects produced by it are not usually permanent. By a proper application of the fumes of mercury sores may be healed speedily, and the pains induced by venereal nodes very completely removed, and yet the disease will return in full force if this practice alone should be trusted. When therefore it is judged proper, for the reason I have given, to employ mercury in this manner, and when the symptom for which it was employed is checked, the cure should be completed by some other preparation, the effects of which, although slow, are more permanent, as very generally happens, both from a proper application of mercurial ointment, and from the internal exhibition of the common mercurial pill. In this manner much benefit may be derived  
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from a remedy which seems to have been laid aside without any sufficient reason, and from our trusting to it alone when others ought to be given along with it.

The fumes of mercury may also be applied with safety. They appear to prove hurtful chiefly when received in too great quantity into the lungs, but this may easily be prevented by burning a small quantity at once; and we may even confine the steam to the surface of the body, or to any particular part of it. Such boxes as are employed for confining the steam in vapour baths answer the same purpose here.

We have daily proofs of mercury entering the system by being absorbed from the stomach and intestines; but this mode of exhibiting the remedy is liable to one very important difficulty. Every preparation of mercury that has yet been invented, is apt to irritate either the stomach or bowels, by which they not only excite sickness and purging, but by depriving the patient of appetite he soon be-  
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comes weak and emaciated. When pushed far indeed the effects of mercury given in this manner are in some instances very distressful. The stomach becomes so much weakened that food of every kind is either immediately rejected or remains undigested, and the bowels are so entirely deprived of their tone, that they seem to lose all power of retention. Even when completely emptied a degree of tenesmus often takes place, from which a great deal of misery is often experienced.

The preparations of mercury which prove least hurtful to the stomach and bowels are such, as I have already observed, as we obtain by agitation or triture; but even these prove frequently troublesome, and require always a good deal of management. They should never be given in large doses; and as soon as the least degree of irritability is induced by them, either in the stomach or intestines, an opiate should be given along with them. Of these preparations, the best and most convenient form is the blue pill of the  
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Edinburgh Dispensatory; of which four grains of the mass, which contains one grain of mercury, being given three times a-day, will in a great proportion of cases render the mouth sore in a very short space of time. Some constitutions indeed require more, but this seldom happens with mercury duly triturated. Wherever much more than this has been given the mercury has either not been properly triturated, or we may conclude that much of it has passed through the intestines without being absorbed, or that the constitution of the patient resists this effect of mercury.

Mercurius alkalifatus, and Plenck's solution of mercury in mucilage of gum arabic, are nearly of the same nature with the blue pill, but they are both more apt to purge, particularly the latter, notwithstanding of all that Plenck the inventor has said to the contrary. When properly prepared no more mercury should be given in either of these formulæ than in the mercurial pill; and as a much greater quantity

quantity is commonly directed, this can only proceed from neither of the preparations being made with sufficient exactness, and from much of the mercury which they contain being left altogether inert by not being duly triturated.

Many will be surpris'd at the small doses of these articles which I have mentioned, as more than double of this is commonly given. It is not uncommon to advise six, seven, or eight of the blue pills daily; and twenty grains of *mercurius alkalifatus* is recommended for a dose\*. Now I know from daily experience that the blue pill when properly prepared cannot be given in this quantity. I seldom give more than two pills a day, and very rarely above three; and in each pill, as I have observed, there is exactly one grain of mercury. But the mass from which these are formed is prepared with much attention: They are triturated six or seven hours daily for thirty or forty days; and

\* Vide Mr Hunter's Treatise on the Venereal Disease.



and when the *mercurius alkalifatus* is properly prepared it proves equally powerful; but it is so difficult to separate the particles of mercury when rubbed with a dry powder, that this preparation is now very generally laid aside. It requires to be rubbed for at least one hundred days, in order to bring all the mercury into a state of activity.

Some are of opinion that *mercurius calcinatus* is equal in its effects to any of these preparations \*. The dose is a grain or two evening and morning, either in the form of a pill or powder. It will certainly cure the disease, and it puts a stop to the symptoms perhaps as soon as any other form of mercury; but I have sometimes thought that its influence is not so permanent; that is, the symptoms have been more apt to recur after a sufficient quantity of this medicine was supposed to be given. But to ascertain this, so many facts are required that I cannot decisively speak of it. From all that I know of  
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\* Vide Appendix, No. 7.

it, however, it does not appear to be equal to the blue mercurial pill. The ease with which it is prepared seems to be the only circumstance in which it has a preference; but this is a point of little moment when put in competition with utility. Any tendency which it has to act upon the stomach and bowels may for the most part be checked by the addition of opium.

Hydrargyrus muriatus corrosivus, commonly termed Corrosive Sublimate, when it does not affect the stomach, proves frequently an useful medicine. It was never generally employed for internal use till the celebrated Van Swieten brought it into repute. It has since been much used in almost every part of Europe; and being easily disguised, and not so apt to salivate as other preparations of mercury, it has formed the basis of almost all the quack medicines that has of late been employed for the cure of *Lues Venerea*.

The form of using this medicine by Van Swieten is, however, the most nauseous of any. He advises it to be dissolved

ved in spirits, and one or two spoonfuls containing from a quarter to half a grain of mercury, or even more, is commonly given evening and morning; and this is directed to be continued till a cure is accomplished \*. Few can bear it in this manner; for it not only affects the stomach, but in this quantity is apt to excite diarrhoea. Neither can it be with safety given in powder, as it is not easily levigated so finely as to prevent it from acting mechanically upon the stomach. The best form of using it seems to be in a watery solution, and this may either be given in a mucilaginous mixture or mixed with broths; or the solution may be made into a mass with crumb of bread, wheat-flour, or flour of liquorice, and divided into pills †. Instead of giving it in larger doses evening and morning, it answers better to give the same quantity divided into four or five. A grain of mercury may in this manner be given daily, that is, a quarter of a grain

\* Vide Appendix No 10.

† Vide Appendix, No. 19.

grain four times a-day. Some have advised more, but this is the largest dose that I have ever been able to continue for more than two or three days together.

Opiates do not prove so effectual in preventing corrosive sublimate from acting upon the stomach and bowels as they commonly do with other preparations of mercury. I have found nothing prove more useful for this purpose than decoction of guaicum and mesereon, or plentiful dilution with mucilaginous drinks and broths. These may act in the first place by sheathing the stomach and bowels directly from the effect of the medicine; and they may also prove useful by promoting the natural tendency which this form of mercury seems to have to pass off by the skin.

Mercurius dulcis, or calomel, is given by some in large doses for the cure of syphilis, even to the extent of ten grains daily\*. I have not found, however, that this is necessary, and it very commonly

Vol. II                      R                      injures

\* Vide Appendix, No. 9.

injures both the stomach and bowels. It answers better in doses of a grain repeated three times a day, by which it more readily enters the blood than when given in larger quantities, and is less apt to be carried off by stool.

This form of mercury has long been in general use, and there cannot be a greater proof of its safety and utility than its being still preferred by many of our best practitioners. When calomel is completely deprived of its acid, I believe it to be one of the best of our saline preparations of mercury. In this state it commonly operates mildly, and is equally powerful with any other form of the medicine in curing the venereal disease.

Mercury in this form is best given in a bolus, in pills, or in powder, for it is scarcely in any degree soluble in water, and it is so heavy that watery fluids do not suspend it, so that it cannot easily be given in a mixture.

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The pulvis mercurius cinerus is another very useful preparation of mercury \*. It also requires to be given in a solid form. The dose is two, three, or four grains evening and morning. Some have advised more, but I have not found that in common practice more can with safety be given. It also makes a good mercurial ointment on being mixed in the proportion of a third part, to two parts of hogs lard.

Hydrargyrus vitriolatus flavus, or turpethum minerale, is particularly apt, as I have already observed, to act upon the stomach; but even this form of mercury may be so given as to cure the venereal disease, and yet prove sufficiently mild in its operation †. In doses of five, six, or seven grains, it acts as a violent emetic, but it may with safety be given to the extent of a grain, two or three times a day, particularly if each dose be conjoined with half a grain of opium.

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Hydrargyrus

\* Vide Appendix, No. 15.

† Vide No. 16.

Hydrargyrus acetatus, or mercury combined with the acid of vinegar, is certainly more mild in its operation than any of the other saline calces of mercury; nay, it does not derange the stomach and bowels so much as triturated mercury is frequently found to do; but from all the trials that I have made with it, I do not consider it as equally certain in curing the venereal disease. The symptoms abate while the patient is under it; but if some other preparation of mercury is not employed, either along with it, or continued afterwards, they are apt to appear again soon after it is laid aside.

I have the same observations to offer on phosphat of mercury, a preparation which, from the mildness of its operation, I was at first inclined to consider as an useful acquisition in the cure of syphilis. After very ample trials, however, of its effects, I am sorry to say that it has not answered. Whether given internally or applied outwardly in the form of unction, it can seldom be made to affect the gums  
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in any considerable degree, and in different instances, the disease has returned quickly after this preparation had been continued, as there was much reason to think, for a due length of time.

I have judged it proper to take this particular notice of all the preparations of mercury now generally employed for internal use; and from what I have said, it will be obvious that some of them are for ordinary purposes preferable to others. In common practice, the preparations of mercury obtained by triture, and particularly the blue mercurial pill, will be found the best. But as cases sometimes occur which do not readily yield to any one form of medicine, we are under the necessity of having recourse to others; and from what I have already had occasion to remark, the choice may be readily made. I shall besides have farther opportunities of speaking upon this point in treating of the cure of the different symptoms of the disease.

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But although in a great proportion of cases we may cure the disease with one or other of these forms of mercury, and in most instances with no injury to the constitution, yet we find that even the mildest preparation, and under whatever caution it may be given, is occasionally apt to injure both the stomach and bowels in such a manner that we are under the necessity either of giving it in too small quantities for the purpose of curing the disease, or of laying it aside perhaps entirely, in order to make trial of the medicine in some other form.

Our surest method of obviating this effect of mercury, is to throw it into the system by means of the absorbents on the surface of the body; a practice which ought as much as possible to be adopted, and to which the chief objection is, the trouble of applying it. The advantages, however, which attend it are so great, that this and every other objection should as much as possible be made to give way to it. A patient may be so situated that he cannot

cannot use the medicine in this way ; and instances sometimes occur in which mercury is not readily taken up by the absorbents on the surface. In both cases we are under the necessity of giving it inwardly, but no other cause can occur for it. Nor would either of these be frequent if the advantages of the practice were sufficiently explained to our patients, and due attention given to the proper use of the mercury. It sometimes indeed happens, that mercury does not easily enter the system in any form, and does not in the usual time affect either the salivary or other excretory organs. In such cases, where the symptoms of the disease are urgent, we should not be confined to any one method of cure, and the medicine should be given in every form in which it is likely to prove useful ; but it is proper to remark, that this kind of failure is much more frequent from the internal exhibition of mercury, than from the outward application of it, another important advantage that we derive from



using it in this manner. Different reasons indeed may be mentioned for this being the case ; the readiness with which mercury given by the mouth is carried off by stool ; the great quantity of food with which it is often mixed in the stomach, and by which we may suppose that a considerable part of the small quantity that we dare ever venture to give in this manner is prevented from coming into contact with the absorbents of the intestines ; and lastly, the great extent of surface to which we can apply it externally.

By some it is alleged as an objection to this mode of using mercury, that we cannot exactly ascertain the quantity that enters the system. This, however, holds equally strong against every way in which we can give it, nor is it a point of any importance. It is not so much by the quantity that we employ, as by the effects which result from it, that we ought to be directed. The usual effects of mercury upon the mouth, and in the cure of the different symptoms of the disease, will, with

with some patients, take place from half the quantity of the medicine required by others; but were it an object of much more importance than it appears to be, I do not see how the quantity of active mercury entering the system, in any way that we use it, can be ascertained.

It is also mentioned as an objection to the external use of mercury, that it is more apt to excite salivation than when given by the mouth. This, however, is not so much an objection to the practice as to the mode of conducting it. Mercury used in this manner enters the system for the most part so readily, that those who have not been accustomed to prescribe it, are no doubt apt to be deceived with it. It proceeds quickly to the salivary glands, and is thus more apt to excite sudden salivation than when taken into the stomach; but this proceeds altogether from inattention, and may be prevented by applying the mercury in small quantity at first, and increasing it according to its effects. Our  
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being able to affect the system more speedily by the external application of mercury, should be considered as another advantage of this mode of using it; for the symptoms of syphilis, in some instances, advance so rapidly, that it is an object of importance to check them as quickly as possible. Salivation appears to be the effect of a certain quantity of mercury in the system, in whatever way it is introduced. Some of the more acrid preparations pass off indeed more readily by other emunctories, but the milder forms of the medicine, and which I have endeavoured to shew, ought, in most instances, to be preferred, are equally ready to excite salivation. It is true, that more time is required to throw the quantity necessary for this purpose into the system by one mode than by another, but when this quantity is introduced, the effect of the mercury upon the glands of the mouth is uniformly the same in whatever way it is accomplished.

Upon the whole, therefore, all the objections that have been made to this method

thod of exhibiting mercury are trifling when compared with the advantages that result from it, so that for general practice it ought to be preferred.

I own indeed that at one period I was of a very different opinion upon this point; but this arose from my not being so well acquainted with the superior advantages of using mercury in the form of unction as I now am, and which I now therefore very generally prefer.

Mercury will pass into the system in various forms from the surface of the body. *Lues Venerea* has been cured by frequent immersions of the feet and legs in a solution of corrosive sublimate. The application of a mercurial plaster to the surface of the body, if of any considerable extent, will also cure the disease; and we are indebted to Mr Clare of London for a third method of throwing mercury into the system from the surface\*. By rubbing calomel

\* Vide an Essay on the Cure of Abscesses by Caustic, &c. also a New Method of introducing Mercury into the Circulation, by P. Clare, Surgeon.

lommel into the inside of the cheeks Mr Clare found, and his observations have in some degree been confirmed by experience, that we can not only excite salivation by this means, but cure every symptom of syphilis. Nay, the rubbing of a few grains of calomel, mercurius cinereus or mercurius phosphoratus, upon the inside of the preputium or labia pudendi soon affects the system and excites the mercurial fœtor in the breath and soreness of the gums. But although I have found this in some instances true, the practice has also in several of the trials that I made with it failed entirely; that is, it did not cure the symptoms for which it was employed, and which were afterwards removed by other preparations of mercury. I must own, however, that the experience that I have had of this method of using mercury does not entitle me to speak decisively concerning it; but I conclude, either that similar failures, or some other objections of importance, have occurred to it in the practice of others, for we do not

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now hear that it is employed, although Mr Clare's book has been published a great many years.

One obvious cause of this, and of the other modes that I have mentioned of using mercury externally, falling into disuse is, that all of them appear to be inferior to the method of introducing it in the form of an ointment, which was the first, I may observe, that was employed for the cure of *Lues Venerea*. It is commonly termed the method of cure by unction, or inunction.

An ointment for this purpose may be made with different proportions of mercury; but the best that I have tried is that in which there are two parts of the unguent to one of crude mercury. In the form commonly used the ointment and mercury are in equal parts; but the other, while it appears to excite salivation with equal readiness, and in the same space of time, has the advantage of not being so apt to irritate the skin.

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The ointment in common use is prepared by triturating crude mercury with purified hog's lard, in one or other of the proportions that I have mentioned. This requires a great deal of triture in order to render the mercury sufficiently active. With a view to save the trouble of this an ointment is sometimes prepared, by adding a third part of mercurius cinereus, or mercurius phosphoratus, to two third parts of lard; but, as I have already observed, the effects of this last preparation, in so far as my observation of it has gone, do not warrant the dependence that some have placed on it for the cure of this disease.

In order to promote the absorption of mercury it has been the practice with many to advise the body to be immersed in a warm bath, once and again, before the course is commenced, and to repeat it once or twice a-week during the whole continuance of it. They likewise think that the bathing proves useful by giving the mercury a particular determination to the

the skin, and thus preventing it from producing salivation. I have not found, however, that a frequent use of the warm bath is necessary. It cannot in every situation be obtained but with much difficulty, and if not very properly conducted it is apt, during a course of mercury, to expose the patient to suffer from the effects of cold. Before the commencement of the course, especially where the skin is particularly hard and dry, I have sometimes thought it right to advise the use of a warm bath, but as in other instances of a similar nature the remedy has answered equally well where this precaution was not taken, I do not conceive that it is of much importance, and I now seldom employ it.

Where mercury is chiefly employed for the removal of a local symptom, such as bubo, we endeavour to make it pass through the lymphatic vessels of the part, and in such cases this determines the place to which the ointment should be applied; but where no local symptom takes place,  
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it may be applied with equal safety and propriety to any part of the body, and the place of application should be changed from day to day. By this means we do not irritate the skin, which can scarcely be avoided when mercury is repeatedly applied to the same place, at the same time that we promote the absorption of the mercury. I may also remark, that although, for the reasons which I have given above, it does not appear to be necessary to immerse the whole body in a warm bath during a course of mercury, yet that some advantage is derived from causing the parts upon which the ointment has been rubbed be well bathed with soap and water before repeating it upon the same place. It may therefore be proper to advise it to be generally done.

In applying the ointment, some have imagined that we need only lay it upon the skin, and that it will enter the absorbents with equal certainty whether friction is used or not. This, however, is by no means the case. I have repeatedly

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put it to the test of experiment, and it evidently appears that absorption is promoted by gentle friction. This indeed is so consonant to general experience, that some may be surpris'd at my taking notice of it, nor would I have judg'd it necessary if the contrary opinion had not of late been supported by authority of some weight.

When the strength of the patient admits of it, the friction should be applied with his own hands : Otherwise it must be done by an assistant, his hands being covered with a thin bladder. For want of this precaution, the assistant is apt to be salivated while the patient is deprived of a portion of the mercury. According to the nature of the case, from a drachm and a half to two drachms of the ointment should be rubbed in daily, and it answers better to apply it at two different times than all at once. For the purpose of applying properly this quantity of ointment, that is, from forty-five grains to a drachm, twenty or twenty five minutes of gentle friction



tion is required, the patient while under it being exposed to the heat of a moderate fire.

VI. *Of the Duration of a Mercurial Course, and the Quantity of Mercury to be exhibited.*

IN the preceding parts of this section I have enumerated the different preparations of mercury which chiefly merit attention, with the doses of each which may with safety be employed. I am now to offer a few observations upon the quantity of mercury to be given, and the length of time to which a course of this medicine should extend; questions of the first importance in the treatment of the venereal disease.

As salivation is one of the most obvious effects of mercury, practitioners began very early to imagine that the morbid matter of Lues Venerea was carried off in this manner; and at last it was generally believed

believed that a cure could not be obtained, if a very considerable discharge of saliva did not take place. In consequence of this every patient labouring under Lues Venerea was made to salivate; and as it was thought to be of importance to have this quickly accomplished, mercury was immediately applied in the most effectual manner for this purpose. It was either prescribed in large doses by the mouth, or frictions with strong mercurial ointment were applied over the legs and arms, and in some instances even over the whole body.

In this manner the system was quickly charged with as much mercury as it could bear, and for the most part a cure of all the symptoms was no doubt obtained: But the sudden manner in which this great quantity of mercury was introduced, and the violent evacuations which it excited, together with the low regimen with which it was commonly accompanied, reduced even the strongest constitutions to a degree of debility from which they did not

often entirely recover; so that a great proportion of all delicate people sunk under it.

A course of mercury, conducted in this manner, became therefore nearly as formidable as the disease for which it was prescribed, and no other remedies being discovered, the same practice was still pursued till a considerable time after the commencement of the present century. About this period some abatement of this rigorous course was introduced; but it was not till of late years that any material innovation took place in it.

This may be considered as one advantage among others that might be mentioned, which we have derived from rational theory. Some practitioners suspecting that the salivary discharge produced by mercury, could not probably be the means by which the cure of Lues Venerea was accomplished, and some trials which favoured this supposition being made, they soon came to think that all the symptoms of the disease might be removed

moved with much less mercury than had commonly been employed. If the change of practice, which occurred as a consequence of this opinion, had rested here, much advantage would have been derived from it. But this did not happen: In all attempts to introduce alterations while we endeavour to avoid one extreme we are apt to fall into another. The inconveniences and distress induced by mercury in the way in which it had formerly been given, being so great, that every patient was afraid of being put under it, any alteration that was proposed for lessening their sufferings was most readily adopted, and practitioners persuading themselves that it might be done with safety, and wishing to adapt the treatment of the disease to the feelings of their patients, they unfortunately allowed this to carry them too far. So far as the ease and comfort of a patient is consistent with his safety he ought certainly to enjoy them, but more than this he should not be indulged in. There s reason, however,

to think that this has happened, in the change of practice which has taken place in Lues Venerea. Instead of the full salivation that the patients were formerly put under, and the strict confinement with which this was accompanied, a course, commonly termed alterative, was judged sufficient. In this, if the mercury is allowed merely to be felt in the breath, or by the slightest soreness of the gums, it is seldom permitted to go farther, and the patient, in a great proportion of cases is allowed during the whole time that he is taking it to go abroad. That this will commonly prove sufficient in slight infections, and often in those of a worse nature, if the course is carried to a proper length, I know from experience is true; but I also know that it ultimately fails in a great proportion of old or inveterate cases. Even in these it soon gives a check to the symptoms, and will often make them disappear; but wherever the system is deeply injured, particularly if the disease has attacked the bones, although a cure may  
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in some instances be completed by such a course, and in all of them may be apparently obtained, yet in many the disease will afterwards break out again, and in all, even the first removal of the symptoms, will be protracted to a much greater length than if more mercury had been given at once.

When I first engaged in practice, the treatment of *Lues Venerea* upon this plan was by many adopted in its fullest extent, and I acknowledge that few went more freely into it than I did. The opinion of salivation being unnecessary, and that an alterative course was sufficient, had not only been taught in the schools of medicine, but the practice had been adopted by many of our best physicians and surgeons. Beginners therefore went readily into it; but if others from farther experience have been led to form the same opinion of it which I have done; it will soon, except in the slightest cases, be generally laid aside. The result of all my experience is, that to render general practice in the venereal disease safe, that is, to guard

as much as possible against a return of the disease, a middle course must be observed between the severe degrees of salivation which our forefathers judged necessary and the opposite extreme into which the moderns have fallen.

In cases of a slight nature, that is, in the incipient state of mild chancres, what is commonly termed an alterative course will commonly be sufficient. If the mouth be rendered gently sore, and kept in this state for eight or ten days after the chancres are cured, no more will be necessary. But even in the treatment of chancres only, if they have been of long duration, or not of the mildest kind, and in every other symptom of the disease, the mercury should in a gradual manner be given so as either to induce a very considerable degree of soreness in the mouth, and which in most instances will be attended with an increased discharge from the salivary glands, or when from peculiarity of constitution this cannot be induced, we should persist in the use of mercury till the febrile

brile symptoms which it usually excites, are brought to as great a height as the patient can easily bear. It will generally indeed be perceived that the symptoms to which I allude, cannot be cured but with such a quantity of mercury as perhaps in every instance excites heat, quickness of pulse, anxiety, and restlessness, and in proportion as the patient is able to bear these in a greater or lesser degree, the sooner and more effectually will he get free of the disease.

I have already observed that I give a general preference to the method of cure by unction; but whatever preparation of mercury we employ, it ought, in ordinary cases, to be pushed in a gradual manner to the extent that I have mentioned; and when as much of it is used as is sufficient for this effect, it should be continued so as to keep the system in an equal degree under its influence, not only till all the symptoms of the disease are removed, but for some time thereafter. This will in different cases happen at different periods of  
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of a course, and with very different quantities of mercury. It is therefore obvious that nothing decisive can be mentioned, either of the length of time to which a mercurial course should extend, or of the quantity of the medicine that should be given. The surest, and perhaps only guide that should be trusted, is the result of experience in similar cases; and as the certainty of guarding against a relapse is a point of the first importance, nothing should ever be left in doubt that may be required for this purpose. In all primary affections, that is, in chancres and buboes only, and where no other symptom of the disease has appeared, I have found, that a course of mercury, conducted in the manner I have mentioned, and continued for a fortnight after the symptoms have disappeared, has at all times proved sufficient; but wherever the skin, throat, or bones have been affected, I now always advise the remedy to be persisted in for the space of a month after the cure is apparently completed. I cannot positively  
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say that less than this would not do, but in a matter of such moment, where the health and happiness, not only of the patient, but of his progeny, are at stake, it is better to exceed by giving occasionally somewhat more than might be necessary, than incur the smallest risk of the poison being ever to appear at a future period.

I have said that in ordinary practice the mercury should be pushed in a gradual manner to the extent to which we mean to carry it; that is, a small quantity should be employed at first, and gradually increased till the full effects expected from it are excited, by which we not only avoid the inconveniencies arising from a salivation too suddenly induced, but are thereby enabled to throw in a larger quantity, and to keep the system more completely under its influence during the whole course than we can ever do when much mercury is given at once; and this, I may observe, is a point of the first importance in the treatment of syphilis, for whoever has paid attention to the subject, must



must have perceived that our success depends, in a great measure, upon the effects of the medicine being fully and regularly kept up during the whole duration of the course, and which can seldom be done where it is not given in a gradual manner at first. When the fever, salivation, and other symptoms become severe, and which they seldom fail to do when the mercury is given in large quantities at first, an interruption must necessarily take place, and it is the effect of every interruption to protract the continuance of the course, and often to deceive both the practitioner and patient. My opinion, in short, upon this point is, that our certainty of obtaining a speedy and permanent cure of *Lues Venerea*, is not merely in proportion to the quantity of mercury that we employ, but to the quantity which in an active state can be thrown into the system in a given space of time.

But while with a view to this I have advised that in common practice mercury should be given at first in a gradual or  
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slow manner, it is proper to remark that cases are sometimes met with in which it is necessary to adopt a different practice. Wherever the symptoms of the disease are urgent, from their being deeply seated in parts of much importance, and from the progress which they are making being rapid, we are justified in deviating from this general rule, and in applying the mercury in such a manner as will most speedily and in a very ample quantity throw it into the system. In this way a check will soon be given to the farther progress of the disease, when the medicine, during the rest of the course, may be given in the gradual manner which I have just pointed out.

The time to be employed in a course of mercury, and the quantity to be given, are circumstances, as I have already observed, that cannot with any exactness be ascertained. They depend in a great measure, as I have had occasion to remark, upon the effects which they produce; but I may observe in general, that few cases  
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are so bad as to require the course, when properly conducted, to be continued longer than nine or ten weeks. In recent cases four or five weeks are for the most part sufficient; while in some obstinate old affections, where the bones have either been diseased, or the ulcers foul and extensive, I have known it necessary to go on to the twelfth or thirteenth week.

During these periods ointment, of the strength I have mentioned, may be rubbed in from the quantity of three ounces to eight or ten. When the blue mercurial pill is employed and properly prepared, the quantity may vary from four or five drachms to two ounces; or even to two and a half, or three ounces. Whenever these quantities are exceeded, there is much cause to suppose that a great proportion of the medicine has not entered the system, either from the improper method of applying it or some other cause.

The opinion which I have thus ventured to suggest, of the effects of mercury depending chiefly upon the quantity  
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which in an active state can be thrown into the system in a given space of time, will, at first, be doubted by many. Being contrary to the practice which now generally prevails, few may be inclined to follow it, but those who do will have the satisfaction to find that by means of it they render their patients much more secure than can ever be done in any other manner. By giving as large a quantity of mercury as the patient can with safety bear, they will find, that the most inveterate symptoms of the disease may be cured in much less time, and with much more certainty than they usually are by an alterative course, which, however well it may be adapted for the cure of the slighter symptoms of syphilis, is by no means sufficient for the removal of the more advanced stages of the disease.

Many practitioners think that the same quantity of mercury must prove equally useful in whatever time it may be given, provided the mouth be kept moderately sore during the whole period. This, however,

ever, is not the case, and the opinion can only be supported by men of little experience in this branch of business. I have met with various instances of venereal sores, as well as other symptoms, which had either obstinately resisted a very long continued course of this kind, or which had recurred from time to time after a cure had been supposed to be obtained, and which at last were entirely removed by a much less quantity of the medicine being given in a shorter period. What I wish to inculcate is, that the more inveterate symptoms of the disease will seldom yield to an alterative course of mercury, however long it may be protracted, while the same or even a smaller quantity of the medicine will often succeed, when given so as to keep the system, although for a shorter period, yet more completely under its influence. I have now the history of more than fifty cases in which this actually happened; where venereal sores, from resisting mercury under an alterative course, were judged to be incurable, and where complete cures were afterward s



wards obtained, merely by giving the same, or perhaps a smaller quantity of mercury, in a shorter space of time.

VII. *Of the Regimen to be observed during a Course of Mercury.*

It was formerly the practice here, as it still is in some parts of Europe, to put every patient while taking mercury, upon a low diet, and previous to the commencement of the course, blood-letting and purgatives were commonly prescribed.

When in a full habit of body it is necessary to throw in a large quantity of mercury quickly, and especially when it is known that the patient has been liable to inflammatory complaints, some previous evacuation is proper, and the patient, during the first part of the course, should be kept upon a low allowance. But in general there is no cause for this, and the cure proceeds with least difficulty when the patient is kept upon his usual diet. It is

the usual effect indeed of mercury to produce weakness in such a degree, that if not counteracted by nourishing diet, it is apt to injure the constitution in a very important manner. Of this I have met with such a number of instances, that unless, where some strong objection occurs to it, I always desire a patient under mercury to live as well as if he was in full health. A full allowance of animal food would, in most instances, be improper, but I have never observed any harm ensue from a plentiful use of such other articles as did not disagree with the stomach and bowels. When mercury is taken by the mouth, acid vegetables sometimes do harm; but there is no cause for avoiding them when the cure is conducted by unction.

Patients under mercury are commonly desired to avoid wine and even malt liquor. A great quantity of either should never perhaps be given; but in moderate quantities they may be allowed with safety. Different opinions have also been entertained of the propriety of patients going

going abroad while under mercury. So far as my observation enables me to judge, there should be but one opinion upon the subject. We are often obliged to permit venereal patients when using mercury to go abroad, and to manage their ordinary business, but I have never done so but with regret. Exposure to the irregularities of the atmosphere always does harm in a course of mercury. It is apt to produce distress at stomach, pains in the bowels, and purging. This necessarily impedes the operation of the medicine, by which the cure is not only protracted but rendered more uncertain. I am clearly of opinion therefore, that this kind of exposure should at all times be avoided. At the same time I do not think it necessary that patients using mercury should be kept in a great degree of heat. On the contrary, much advantage is derived from their living in a large well-aired apartment, and in a degree of heat most agreeable to their own feelings. Nay, except in the cold weather of winter and spring, there is no

necessity for confinement to one apartment; and any unusual quantity of clothing, whether in bed or during the day, is altogether unnecessary. In short, much exposure appears obviously to prove hurtful, while no advantage is derived from the patient being kept in an unusual degree of heat.

I think it proper, however, to observe with respect to clothing, that linen should never be worn next the skin during the use of mercury; whether the patient sweats much or not, it keeps the surface of his body colder than it ought to be; and if liable to profuse perspiration he is even apt to be hurt by it. Flannel should be worn during the cold of winter and spring, and cotton when the weather is temperate.

VIII. *Of Profuse Salivation and some other Effects of Mercury.*

WE have already had occasion to see, that in the cure of *Lues Venerea* no advantage is to be derived from any increase that may be made to any of the secretions. But we have also seen, that the advanced stages of the disease cannot be with certainty cured without such a quantity of mercury being thrown into the system as very commonly excites an increased discharge of all the secretions, and particularly of the saliva. When this proves moderate, no harm ensues from it, but occasionally a salivation arrives at such a height as to produce much inconveniency and distress. Indeed the readiness with which mercury in some cases runs to the mouth is such, that it is with difficulty a sufficient quantity for curing the disease can be given; and it produces, I may ob-



serve, one of the most distressful circumstances that we meet with in practice.

The most certain method of preventing severe salivation is the gradual exhibition of mercury in the manner I have pointed out. Occasionally we succeed by guarding against external cold; by confinement to the house and the use of warm clothing of flannel or cotton. But while in this manner we support a gentle and equal flow of the matter of perspiration, severe sweating is to be avoided, which always proves hurtful, and even sometimes, as I have thought, more so than profuse salivation. But in some cases, even with all the attention that can be given, the mouth becomes quickly sore, and a discharge of saliva takes place sooner than we expect.

Purgatives are the remedies most frequently employed for removing salivation: I have not found, however, that they prove useful, and when persisted in they never fail to do harm, for they weak-  
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en the patient, while they seldom lessen the discharge of saliva.

Blisters have also been advised. The sense of suffocation, which the swelling of the salivary glands sometimes excites, would appear to indicate the use of blisters. We do not perceive, however, that they have much influence upon the discharge, while by the irritation which they produce they very commonly do harm.

As sulphur when combined with mercury renders it so inert that it scarcely acts upon the human body, many have imagined that it must tend to lessen the ordinary effects of mercury upon the system. We do not however find that these views which theory suggested are in practice realized. Sulphur has often been employed for lessening the violence of salivation, but in the course of my observation, no instances have occurred of any advantage being derived from it.

To me it appears that this effect of mercury is entirely local, and to be cured therefore with most certainty by local

remedies. It is obviously the consequence of irritation produced by mercury upon the salivary glands: The dread therefore which some have entertained of the use of local remedies seems to have no good foundation; and accordingly I have found that they may be employed with freedom. As a wash for this purpose, lime-water proves useful, but it requires to be diluted. A strong infusion of red-rose leaves, of galls, oak bark, and other astringents, proves also serviceable; but the most effectual application that I have employed is a strong solution of borax\*. A spoonful of the solution being kept in the mouth from time to time proves pleasant and soothing, and at last it has often an obvious effect upon the quantity of the discharge. In some degree it may prove useful as an astringent, but it seems to act chiefly as a sedative, by lessening the irritable state of the salivary glands.

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\* Vide Appendix, No. 20.

It is evidently in this manner that opium proves useful in removing salivation; for although some advantage is derived from applying it directly to the parts affected in the form of a gargle, it proves always much more useful when given internally. A dose of laudanum, sufficient to allay the irritation and pain of a profuse salivation, and to procure sleep during the night, not only gives temporary relief, but is the most powerful remedy we can employ for removing the discharge. When the uneasiness is severe the opiate should also be repeated in the morning.

Where salivation comes suddenly to a greater height than the quantity of mercury should give us cause to expect, we are apt to be at a loss, and become afraid of giving more lest distressful consequences should ensue. In such circumstances, however, I have often found that although the same quantity of mercury was continued daily, yet the salivation did not increase, and that in this manner it might  
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be given till the cure was complete. This does not indeed always happen; but it succeeds so frequently, that in every instance it should be tried; for a cure may thus be accomplished in a few weeks which otherwise might be protracted for several months.

I have also had occasion to remark, if salivation excited in this manner be allowed to subside entirely, that the same or even a greater quantity of mercury, may afterwards be exhibited without any risk of the discharge coming again to a similar height. Of this, indeed, I have met with such a number of instances, that I would advise the practice always to be adopted, when a proper quantity of mercury cannot be continued with safety from the first.

One of the most distressful occurrences that we meet with in this disease proceeds from a peculiarity inherent in some constitutions, by which even the smallest quantity of mercury is apt to rush with violence to the mouth. It is particularly apt to happen where the patient labours  
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under the sea scurvy. In this case our only remedy is the removal of the scorbutic diathesis by a plentiful use of acid vegetables and other antiscorbutics; but where it does not proceed from this cause all that we can do is to give those preparations of mercury that are least apt to affect the mouth, and to prescribe them in the smallest doses. In this view corrosive sublimate in small quantities answers well; and in such constitutions I have sometimes found that Plummer's pill, a combination of calomel and sulphur, on which in common practice no great dependence is commonly placed, has proved completely successful\*.

It luckily happens, however, where salivation is thus easily excited, that the symptoms of syphilis in general yield to a small quantity of mercury. Some of the worst symptoms of the disease will give way to a salivation induced by a very few grains of mercury. Even the uneasiness produced by nodes subsides at once  
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\* Vide Appendix, No. 21.

on salivation being fully excited. But it is proper to remark that this first effect of the mercury will not prove permanent if it be not followed with farther quantities, given at such intervals as the state of the salivation will admit. I have repeatedly found, however, that this may be done with safety, even where a severe degree of salivation has previously taken place. In one case of deep venereal ulcers on the shoulder and on the head, as well as of a node upon one of the bones of the fore arm, a violent salivation was excited by the exhibition of five mercurial pills, each of which contained only one grain of mercury. This gave an entire check to the pain which accompanied the node, and to the progress of the ulcers; and although other five pills only were given, the salivation was kept up for eight weeks, when the sores healed and the cure was complete; at least no venereal symptoms have yet appeared, although several years have elapsed.

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In the progress of a long continued salivation, tooth-ach and pains in the jaws and gums are apt to occur, and they add much to the distress of the patient. One important advantage is gained from giving mercury in a gradual manner; by beginning with small quantities and increasing them slowly the glands of these parts do not swell so suddenly, nor is the pain which ensue so severe as when large doses are given at once. We also derive advantage from keeping the parts covered with thin flannel. Indeed flannel seems here to be equally useful as in the ordinary form of rheumatism; from which, and from the resemblance which these pains bear to rheumatic affections, I conclude that they are of the same nature.

Before a patient enters upon a course of mercury, if there is cause to imagine that he will be long kept under it, and that a large quantity will be required, we may save him a good deal of distress, by inspecting his mouth, and removing any teeth that are either very loose, or much spoiled;

spoiled ; for teeth in this state never fail to give much pain when the full effect of the mercury upon the mouth has taken place. The points of teeth that are ragged should also be removed, as they are apt to produce painful and troublesome ulcers on the contiguous parts as soon as they become much swelled.

Ulceration of the inside of the cheeks and other parts of the mouth occurs also, and often in a very distressful manner, as the effect of mercury alone, where no teeth in a diseased state can be discovered. The most effectual method of preventing this is, to cause the patient wash his mouth several times a-day, perhaps every two hours, during the whole continuance of the course, with port-wine and water, an infusion of red-rose leaves, or any other astringent. In this manner we strengthen the parts against the usual action of the medicine, and it also proves useful by preventing that foulness of the mouth which in every course of mercury is apt to take place. Fig tea and other emollients

emollients are commonly employed for this purpose, but I have not found that they answer so well as astringents.

In speaking of the different preparations of mercury I had occasion to remark that almost all of them, when given internally, are apt to injure the stomach and bowels. It is chiefly the bowels, however, which suffer from mercury, and they do so in some instances in a very alarming degree. The purging which takes place proves not only painful and debilitating, but often obstinate. At first the discharge consists chiefly of fæces, but afterwards these are mixed with slime, and often with considerable quantities of blood. The patient is also apt to suffer from a frequent tenesmus.

From the similarity of symptoms we should be apt to imagine that purgatives might be equally serviceable here as in common cases of dysentery and diarrhœa; but we do not find that this is the case. We derive some advantage, however, from sheathing the intestines with a plentiful  
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use of the farinaceous vegetables; with animal jellies, prepared with calves feet, and shavings of hartshorn. Milk boiled to the consistence of a jelly with wheaten flower, or flower of rice, proves likewise an useful remedy.

In preventing this effect of mercury upon the intestines, we derive advantage from the patient being kept in a moderate and equable heat, and from his skin being preserved in a perspirable state; and so remarkable is the influence of this, that the slightest check to the discharge by the skin seldom fails of inducing diarrhoea. The fact, indeed, is so generally admitted, that I would not have taken this particular notice of it, if a contrary opinion had not lately been advanced, and from which much mischief might ensue, were the practice to be adopted which it tends to inculcate\*.

Camphor

\* Mr John Hunter, whose ingenuity and abilities are only to be equalled by his singular opinions, does not imagine that the operation of mercury can be affected

Camphor proves sometimes useful in correcting this symptom. It may be given for this purpose to the extent of eight or ten grains, three times a-day. Some of the absorbent earths, and kino, are occasionally used with advantage; but opiates, particularly when thrown up by the rectum, are the remedies upon which we chiefly depend for removing the pain, and this is very commonly attended with a diminution of the discharge. When a glyster of thin starch, containing fifty or sixty drops of laudanum, can be retained, it seldom fails to give immediate relief, but where the tenesmus is severe, whatever is injected by the anus is very apt to be instantly returned. In this case, opium

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conjoined

affected by cold, not even by the patient being allowed to walk "in frost and snow." Mr Hunter does not say that he has practised this method, and I cannot avoid observing, that nothing should have warranted the publication of such an opinion but very ample experience of its being well founded. Vide Mr Hunter's Treatise on the Venereal Disease, p. 349.

conjoined with kino, in the form of pills, seems to be the best form of the remedy.

It is here proper to remark, that although purging and gripes are frequent consequences of the internal use of mercury, they are seldom observed during the longest mercurial course where unction only is employed. When the course is conducted in this manner, loose stools may occasionally occur, but they may generally be traced to the effects of cold and dampness. I have seldom observed an instance of severe or obstinate diarrhoea from the external application of mercury, where it had not been previously given by the mouth.

When none of the means that we employ for removing the purging prove effectual, a temporary suspension of the mercury should be advised; without which, indeed, all our remedies will frequently be of little or no avail.

Profuse perspiration, as I have already observed, is an effect that sometimes ensues from mercury, and it ought to be guarded

guarded against with much attention. Nothing tends more to induce debility and injure the constitution than a long continuance of this symptom.

Our most effectual method of preventing it is to avoid much warmth, for we commonly observe that patients avoid the effects of it who pay due attention to the heat of their apartments. In former times, it was the practice to confine patients under mercury to small apartments; to prevent as much as possible all kind of access to the external air; and to have the bed placed by the side of a large fire. These measures prove detrimental in different ways, and they seldom fail to excite a constant and profuse perspiration. The most effectual method of preventing this is, to keep the patient in an equal moderate temperature; in a large apartment; and even to admit of his going from one apartment to another, which, in most instances, may be done with safety. A nourishing diet, a moderate allowance of wine, the free use of Peruvian bark,

and of the vitriolic acid, are the most effectual remedies against this effect of mercury. But nothing proves successful where the apartment is kept too much heated.

In some cases the kidneys are particularly acted upon by mercury; but the discharge of urine which it excites is seldom so great as to injure the patient. Were it ever to do so, the remedies commonly employed in diabetes would be advised, and of these the most effectual perhaps that we could give, would be such as operate by promoting a diaphoresis.

It is not an uncommon effect of mercury to excite an eruption upon the surface of the body. In some this appears as a miliary rash, somewhat resembling measles; while in others it is considerably elevated, and seems to be produced by a serous effusion between the cutis and scarf skin. In some the eruption is partial, being confined to particular spots, while in others it prevails generally over the whole body.

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This eruption or efflorescence is not attended with pain, but the heat and itchyness which it excites are in some instances so distressful that it keeps the patient at all times very uneasy, and deprives him entirely of rest.

The remedies which I have found to answer best for the removal of this eruption, are, the internal use of opiates, conjoined with the application of flower, or starch-powder, to the parts affected. The skin is kept sufficiently cool and easy by one or other of these powders being from time to time freely applied to it; and by a proper exhibition of opiates we prevent restlessness during the night. In some instances, however, we are obliged to avoid the use of opiates; for although they may answer the purpose of procuring sleep, they tend evidently to increase the heat and itchyness of the eruption. We find, indeed, that in some constitutions opium excites an uneasy itchy sensation over the whole body, even where no eruption has previously taken place; and it is perhaps with such pa-

tients only that it cannot be employed in the treatment of this eruption.

The eruption to which I allude appears to arise entirely from the effect of the mercury upon the system ; but it does not seem to depend upon any particular preparation of the remedy. It takes place indiscriminately from all of them, and not more readily from unction than from those preparations that are used internally. But there is a kind of eruption of a local nature, produced entirely by the friction employed in the application of unction. This appears in the form of distinct pustules, which in some are accompanied with a good deal of uneasiness, while in others they produce no kind of distress. No remedy proves of any avail while the use of the ointment is continued, but the eruption may always be prevented by the precaution that I formerly gave of not applying the friction in daily succession to the same part.

IX. *Does Mercury ever fail in the Cure of  
Lues Venerea?*

THIS is a question of the utmost importance, and merits therefore our particular attention. I am disposed from the result of my own experience to say that mercury, under proper management, may be considered as a certain remedy for syphilis when not combined with other diseases, or given to patients in such a state of debility, that a quantity of the medicine, sufficient for destroying the virus of the disease, cannot with safety be employed. I know that some are of a different opinion; but I conclude that they are wrong, from my never having met with an instance of mercury having failed when it was properly given, but where some obvious reason, such as I have mentioned, could be assigned for it.

Lues Venerea, as we have already had occasion to see, is sometimes combined with diseases in which mercury does harm. This is particularly the case in scurvy, and in some degree with scrophula. In the higher degrees of scurvy mercury cannot be given but with much danger; and even where scurvy prevails in a slight manner only, mercury cannot be employed in quantities sufficient for eradicating the more formidable symptoms of Lues Venerea. When the two diseases therefore are conjoined, we cannot expect that mercury will cure any venereal symptoms that may take place; and I believe that we are often disappointed in the treatment of this disease by the patient at the same time labouring under a certain degree of scurvy, which although not so obviously marked, as to indicate the propriety of advising an antiscorbutic regimen, may yet be sufficient to prevent him from receiving the full advantage of a course of mercury.

I conclude this to be the case [from the frequent instances that we meet with of the failure of mercury in the cure of many of the symptoms of syphilis, in which it afterwards proves successful when the constitution has been restored from a weak debilitated state to strength and firmness, and which we endeavour to accomplish by a milk and vegetable diet, country air, and such other articles of regimen as tend to remove the different symptoms of scurvy.

Nay I believe, that a mercurial course, when long protracted, is apt to induce a certain degree of that very state of the system to which I allude, and which I conceive to be the cause of the failure of mercury when in this manner it has been long continued. Every practitioner is acquainted with this circumstance, that a variety of venereal symptoms, and more especially extensive ulcers, will to a certain length do well under mercury, when after a great deal of the medicine has been given they will become stationary, and make no farther progress, although  
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the mercury should be given even in larger quantities than at first. Nay in some instances they become worse. The discharge from the ulcers, instead of being mild and purulent, as for some time it may have been, will become thin, sharp and corrosive, and the sores themselves more extensive. In this situation a farther continuance of mercury very commonly does harm, while the most obvious advantages are derived from it on the strength of the patient being restored by a proper regimen. We even sometimes find that in this situation a cure is accomplished by regimen alone, and that no more mercury is required; but this can only happen where a sufficient quantity of the medicine has been previously given for destroying the virus of the disease, and where the ulcers which remained were kept up by a state of the system, which mercury, instead of removing tended to promote.

In the commencement of a mercurial course, and for some time thereafter, it is

a certain effect of it to excite inflammation, and to produce that state of the system which we conceive to be the very reverse of what takes place in scurvy. The pulse becomes full and frequent, and the blood firm and fizy; but all who have paid attention to the subject will have perceived, that the contrary happens where mercury has been long continued. The patient, however full he may have been, is for the most part much emaciated, his pulse is feeble, and any febrile symptoms to which he may be liable are of the low or putrid kind. The particular state of the blood in this situation we have few opportunities of observing, as for the most part the discharge even of a small quantity, would, in such circumstances, prove hurtful, and therefore is not advised. There is reason however to conclude, that it is the reverse of what takes place from inflammation, for the most effectual remedies that we employ, are a generous diet, wine and bark.

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This opinion of the effects of mercury receives some confirmation, I may remark, from the putrescency which it evidently excites in the mouth; and from the peculiar tendency both of mercury and scurvy to produce a tender state of the gums, and a very foetid state of the breath, we have reason to suppose that the effects of both are in some degree the same.

This might be farther elucidated by various arguments which the extent of this publication will not admit. Enough, however, has been said, for the purpose of explaining the chief part of the treatment that I have ventured to propose; particularly that which relates to the regimen to be observed during a course of mercury.

In speaking of scrophula as an impediment to the action of mercury in the cure of Lues Venerea, I do not mean to say that the disease cannot be cured in scrophulous constitutions. We daily meet with the contrary: But we also find, when the same sore partakes both of scrophula  
and

and *Lues Venerea*, that we do not derive the same advantages from mercury as in sores purely venereal. In such circumstances, after a sufficient quantity of mercury has been given, and of which we judge by the sores or other symptoms making no farther progress towards amendment, our best chance of effecting a cure is to omit the mercury; and not to have recourse to it again till by the use of bark, cold bathing, cicuta, and other remedies employed for scrophula, the disposition is corrected or removed by which the operation of the mercury upon the syphilitic symptoms was rendered abortive.

But the most frequent cause of our failure with mercury in the cure of syphilis, is that which I have already had occasion to notice, our giving it in such small quantities as are not sufficient in the more advanced stages of the disease for eradicating the virus; by which, although the symptoms may all be rendered mild, or even apparently removed, they either do not entirely disappear, or, are afterwards apt to recur

recur. This, however, is not the fault of the remedy, but of the method of using it, and of which all who adopt the practice of giving it in sufficient quantities will be convinced. Since I went fully into this practice, besides many instances that I have met with of mercury proving effectual when given in full quantities, when in smaller quantities; it had previously failed, I have not as yet, and several years have elapsed, had a single instance of its failure, except in such combinations as I have mentioned, or where the constitution was in such a state of debility that a sufficient quantity of mercury could not be employed. But even of these very few cases have occurred. I have no hesitation, therefore, in saying, that mercury under proper management, may, with very few limitations, be considered as a certain remedy for syphilis. This was my opinion when the first edition of this work was published; and it has been fully confirmed by much experience in this branch of business since that period.



## § 3.

*Of Guaiacum.*

GUAIACUM has long been employed as a remedy in Lues Venerea. It was used indeed very generally over Europe soon after this disease came to attract the attention of practitioners. Being for some time the only remedy upon which any dependence was placed, it was at first greatly extolled by all who wrote upon it; and from the testimony given of it by authors of the first reputation, not only of these times, but of later periods, there was no reason to doubt of its being possessed of the power of mitigating, and perhaps of curing some of the symptoms of syphilis. The powers of mercury, however, were found to be so pre-eminent that guaiacum came at last to be seldom used by itself, but by many it was, and still is continued as an assistant to mercury.

Being

Being seldom given by itself, many came at last to doubt whether any advantage was obtained from it or not; and some went so far as to say that it possessed no power whatever over any symptom of this disease. This is one, which among other effects, might be mentioned that result from habit and prejudice. I own too, that from the same cause I was at one period, of this opinion, till I found by experiment that guaiacum in different forms could even by itself remove many of the symptoms of syphilis. Venereal ulcers and blotches upon the skin, are the symptoms in the removal of which its effects are most conspicuous. In three cases of ulcers, and one of blotches upon the breast and arms, all clearly marked, and in which mercury had never been employed, the symptoms were completely removed by the internal use of guaiacum alone. In the patient with blotches, however, the disease returned in the space of a month, but not in the same form. In one of the others, the ulcers appeared again at the end,

end of six weeks. In a third they continued well after three months had elapsed, but what became of this patient afterwards, and of the fourth I do not know. The two first were afterwards cured with mercury.

Although the result of these trials did not induce me ever to trust to guaiacum alone, they gave sufficient ground to consider it as a remedy from which some advantage may be derived when conjoined with mercury; and accordingly I have been led to continue, or rather to recommence the use of this remedy in many cases of syphilis; for at one period, from the cause that I have mentioned, I had laid it entirely aside.

I believe, indeed, that I would have been induced to place more dependence upon guaiacum, or at least to have prosecuted my experiments with regard to it farther than what I had done, if I had not been prevented by the result of some trials which Mr Hunter also had made with it, and which he published about the same

period. By these it evidently appeared that guaiacum has a considerable influence upon the venereal virus. I never made trial of it as a local application; but Mr Hunter found that in this manner it cured venereal ulcers, first in one part of the body, and afterwards in others, where sarsaparilla employed in a similar manner had failed. He found too that very numerous venereal ulcers were removed by the internal use of guaiacum, but after both trials the disease soon returned. Mr Hunter's experiments were made with the gum; mine with an extract and strong decoction of the wood. The extract seemed to be equally effectual with the decoction, but as it has a strong tendency to affect the bowels, I soon left it off, and employed the latter only. In these cases to which I allude, as well as in some others, a very strong decoction was employed, three ounces of the wood to an English quart of water; that is, this quantity was boiled in two quarts of water into one, and this was taken in the course of a day either by  
itself

itself or mixed with milk; but as it is apt to purge when of this strength, being likewise disagreeably acrid, and as I never now depend upon it alone for the cure, I seldom put more than an ounce of the wood to this quantity of decoction\*.

That mercury might not cure every symptom of syphilis equally well whether guaiacum was employed along with it or not, I will not positively say: but I am disposed to think, and not without much attention to the subject, that the cure commonly goes on more easily, when the two are conjoined, than when mercury is given to a great extent by itself. I am therefore in the frequent habit of using guaiacum, particularly where the disease is of long duration and has appeared upon the surface, either in the form of ulcers or eruption. It has also been much recommended for its efficacy in nodes, and for the removal of those pains resembling rheumatism, which frequently proceed

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from

\* Vide Appendix, No. 22.



from syphilis. I have not found, however, that it proves so useful in nodes as in other symptoms of the disease; and where pains only take place we can never with such certainty determine from what cause they proceed, as these pains are the most equivocal symptoms of syphilis, and there is no cause to doubt of guaiacum being a very useful remedy in cases merely rheumatic.

I have in different instances found a strong decoction of guaiacum prove particularly useful in the cure of those extensive ulcers which sometimes succeed to buboes. In some the guaiacum answers by itself, but it proves more frequently successful, as we shall hereafter have occasion to mention, when conjoined with meze-reon and sarsaparilla.

## § 4.

*Of Sarsaparilla.*

SARSAPARILLA has been long employed in the cure of *Lues Venerea*, and from the result of my experience I am disposed to think that it may be used with advantage. The trials which I have made with it along with mercury have been numerous, but it is not upon these that any judgment can be formed of its efficacy. Neither have I given it often where mercury had not been previously used ; but I have had many opportunities of using it in cases where mercury had not proved altogether successful, whether from being given in too small quantities, or without that attention to regimen which it requires ; and in a great proportion of these it has produced very evident effects. I have found it particularly useful in those

symptoms which chiefly affect the skin, such as blotches and the remains of old venereal ulcers.

When mercury from either of the causes that I have mentioned has failed of completing the cure, I have in various instances known it done by *sarsaparilla*, where otherwise there was much reason to think that mercury in a larger quantity, or given in a different manner, would have been necessary.

I have given *sarsaparilla* in powder, in extract, and in decoction, but the latter has always appeared to answer best. Not unfrequently I conjoin it with *guaiaicum*, and it answers the purpose of blunting the acrimony of the latter \*. When the stomach does not bear the decoction, I prefer the powder to the extract: A drachm, or even double that quantity of the powder, may be given three or four times a day.

*Sarsaparilla* and *guaiaicum*, tend both to promote perspiration. Besides any power which

\* Vide Appendix, No. 23.

which they possess of acting directly upon the venereal virus, they seem also to prove serviceable where mercury goes too readily to the mouth, by diverting it from that outlet\*.

## § 5.

*Of Mezereon.*

THE root of this plant has long been employed for the removal of schirrous tumours by whatever cause they may be produced, and many have thought that it has proved particularly useful in nodes, as well as in some other symptoms of the venereal disease. As I have not used it much, where mercury was not either employed along with it or before it was given, I cannot from my own observation say, whether it will cure syphilis by itself or not; but from much experience of the effects of it when conjoined with mercury,

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\* Vide Appendix, No. 23.

I can say decisively that in this manner it often proves useful. I have never known any advantage that was sufficiently clear and obvious, derived from it in nodes, but it certainly tends to heal those ulcers which sometimes remain obstinate after the quantity of mercury is given that we judge to be necessary.

I have already had occasion to mention that spreading ulcers of this kind are particularly apt to succeed to buboes, and that they often resist all the remedies that we employ for them. As this sometimes happens after a full quantity of mercury has been given, and as the sores often heal at last merely from a change of regimen, I conceive that in such cases their obstinacy proceeds from some other cause than any remains of *Lues Venerea*; and as it is in this state of the disease, that I have chiefly observed any advantage to accrue from *mezereon*, I conclude that it acts particularly by correcting that state of the system which a long continued use of mercury is apt to induce, and which by  
experience



experience we find to be very inimical to the cure of all such sores as the patient at the time may labour under.

It seems to be in this manner that Kennedy's decoction, of which mezereon forms a considerable part, proves particularly useful. There is no reason to suppose that mercury is contained in that decoction, and yet there is no cause to doubt of sores of this description having been often healed by it, which had previously resisted every attempt that was made to cure them. Of this I could mention several histories which have fallen within my own knowledge, but they are too long to admit of insertion in this place. This decoction, I may remark, appears to be nearly or perhaps entirely the same with the Lisbon decoction, for which a form is given in the Appendix\*.

In using this root it is proper to observe, that the ligneous parts of it are altogether inert. The bark of the root appears to be the only active part of it. An English  
quart,

\* Vide Vol. I. Nos. 46. and 47.

quart, containing a drachm and half of the bark, is sufficient for the course of a day, and even this, when the root is in perfection, renders the decoction so acrid that it sometimes irritates the throat. With a view to lessen this acrimony we conjoin it with gum arabic, liquorice, althea, animal broths, and often with sarsaparilla\*.

## § 6.

*Of Opium.*

OPIMUM had long been employed for the relief of that kind of irritation which some of the symptoms of Lues Venerea are apt to excite, but it was not till of late supposed to possess any power of destroying the venereal virus, or of curing this disease. It was first employed with this view in the British hospitals in America; and

\* Vide Vol. II. No. 24.

and Doctor Michaelis, physician to the Hessian troops, was, I believe, the first who put it to the test of experiment.

Since that period it has been used as an antisyphilitic medicine by various practitioners in almost every part of Europe; and it has had the fate of almost every new remedy, or of every remedy employed with new motives. Some have spoken of it in the highest terms of panegyric, while others do not admit that it is capable of removing even the mildest symptom of the disease. In matters of doubt, all that authors ought to attempt is, to state clearly what they know to be matter of fact, as it is from the result of repeated trials, properly authenticated, that an adequate judgment on all such points is alone to be formed. As it appeared to be a matter of the first importance to have a new remedy for the cure of *Lues Venerea*, reported to act with more ease and certainty even than mercury, I was one among many who gave it an ample and fair trial. It was used in a variety of cases,

cases, and in different stages of the disease; but in no instances did it accomplish a cure where there was cause to suppose that the virus was not previously destroyed by mercury. Sores originally produced by this virus, and kept up, as is sometimes the case, by irritation alone, and long after the venereal taint is destroyed, are more effectually cured by opium than by any other remedy. Sores which, from this cause, have remained obstinate for a great length of time, are, by the use of opium, often brought to a healing state; and when the constitution is not otherwise diseased, they are, for the most part, soon cicatrised. It is proper, however, to distinguish between these sores and such as are venereal. Sores in this state are not to be considered as venereal. The venereal virus, it is true, has acted as the exciting cause of them; but this being destroyed by mercury, they no longer depend upon this, and in such circumstances are to be treated in the same manner with sores of a similar nature proceeding from  
any

any other cause. In whatever way sores may have taken place, if much irritation prevails, opium is perhaps the best remedy we can employ, but I have not found that it proves more effectual in sores that are the consequences of *Lues Venerea* than in those arising from any other cause, provided the degree of pain and irritation with which they are accompanied be the same.

I suspect much, therefore, that this distinction has not met with sufficient attention by those who consider opium as a remedy in the cure of syphilis. By acting as an useful remedy in the cure of sores in which mercury had failed, they have been induced to attribute powers to opium which I have much reason to think it does not possess, for I have never known it answer where mercury had not previously been given.

Opium being once conceived to possess the power of curing syphilis, practitioners were induced to suppose, that it would prove useful nearly in proportion to the  
quantity



quantity that could be given. It was accordingly used in large doses, and these more frequently repeated than had been usual in former practice. Few, I believe, made more complete trials of it, or have pushed it farther than I have in various instances done: Beginning with two grains at bed-time, one in the morning, and another at mid-day, and adding a grain to each dose every third or fourth day, patients in this manner I have found could bear very considerable quantities in the course of a short time. One of my patients, who could not at first bear more than a grain, in the course of five weeks took three doses, of fifteen grains each, daily. I did not find, however, that any advantage was derived from giving it so largely, while it frequently did much harm. It was apt to excite sickness, headache, and giddiness; a total loss of appetite; in some an obstinate costiveness, and, what was more surprising, it acted with many as a smart purgative. I never, however, observed this till ten or twelve grains were

were given for a dose ; but when diarrhœa is once produced by it, astringents appear to have no effect in removing it: Emetics and purgatives were the only remedies from which I derived any advantage.

I must indeed admit that opium was taken by many, even in large doses, without any inconvenience or distress : but being soon sensible that it had no influence on the venereal virus ; that it proved in no other way useful than by lessening or removing irritation ; and that this resulted with equal certainty from moderate doses, I have long desisted from giving it in larger quantities than two or three grains in the course of a day.

Opium conjoined with an emetic has long been known as an useful remedy in rheumatism ; and I have found it prove particularly useful in those pains resembling rheumatism which occur in the venereal disease. But the relief which it procures does not prove permanent if mercury be not employed along with it. For this purpose laudanum may be given along with

with tincture of antimony, or opium may be given with ipecacuan, in the form of Dover's powder \*.

In some cases opium proves useful as an external application, whether employed as a wash for painful phagedenic ulcers, or in a solid form as an ointment; but it does not appear, even in this manner, to act in any other way than as an anodyne.

Of late the public has been amused with accounts of a new antisyphilitic remedy; the nitrous acid; which is said to cure every symptom of the venereal disease, with equal certainty, and with less injury to the constitution, than mercury. It was first employed with this view by Mr Scot in Bombay, one of the British settlements in the East Indies. Mr Scot speaks of it in the warmest manner, not only as acting with much efficacy in Lues Venerea, but in the cure of other diseases for which mercury hitherto has been employed; but not having as yet been put to a proper trial

\* Vide Appendix, No. 25.

trial in Europe, no decisive opinion can be formed of it.

The acid is mixed with water, in such proportions as to give an agreeable sour taste to the whole, which will be at the rate of a drachm, or a drachm and half, according to the strength of the acid, to every English quart of water, and this is used as ordinary drink, in the course of every day.

## SECTION V.

*Of the Cure of Lues Venerea.*§ I. *Of the Cure of Chancres.*

A DESCRIPTION of chancre is given in Section II. of this Chapter, page 13. The first question to be determined in the method of cure, is whether it should be trusted entirely to the internal exhibition of mercury; to the use of local applications; or to both of these combined.

A considerable time ago I had occasion to give my opinion on this subject with freedom, and hitherto I have seen no good cause for deserting it\*. My opinion at that time was, as it still is, that chancres should

\* Vide Treatise on the Theory and Management of Ulcers.



should be healed as speedily as possible, and that this may be done with safety by combining the advantages of local remedies with the internal use of mercury.

Many practitioners think that chancres ought not to be healed but by the internal use of mercury alone, and they give as reasons for this, that when external applications are employed, we can never be certain whether the constitution is rendered safe or not; while we can scarcely be deceived, they imagine, when chancres heal solely from the use of mercury. To this practice, however, different objections occur. The internal exhibition of mercury alone will not always cure chancres. I have known a person kept under the complete effect of mercury for many weeks, and the chancres for which it was prescribed remain nearly in the same state as at first. Nay, in different instances, where this practice was pursued, and in which the cure was trusted to mercury alone, although the remedy was continued in all of them for six or seven weeks,

and under the best management, as the chancres did not heal the mercury was laid aside, on the supposition of the constitution being rendered safe; but although in all of them the sores were soon cured by the application of caustic, red precipitate, or some other escharrotic, yet in several, symptoms of pox appeared in the course of a few weeks; in some, with ulcers in the throat, and, in others, with blotches upon the skin. From which I conclude, that we cannot depend upon the internal use of mercury alone for the cure of chancres; nor have I observed that it acts with certainty, unless the sores are kept up by the virus having entered the constitution.

But the most important objection to the practice is, that being much more tedious in effecting a cure, it creates a greater risk of the virus entering the system than when the sores are more speedily healed by the use of external remedies. The practice of healing chancres by the internal use of mercury only, originated from

an opinion that venereal sores of every description proceeded from the constitution being infected, and were this the case, there might be cause to consider it as well founded; but now that we know that chancres at first are always local, and that they are the source of whatever matter enters the system, it is obvious that the more speedily they can with propriety be healed, the less will be the risk of the constitution being injured.

Chancres might frequently be cured with external applications alone, and as we know from experience that the virus is not always absorbed, the cure would in a few instances prove permanent; but as we can never with certainty know whether this would happen or not, while, in a great proportion of cases, there would be reason to think that absorption would take place, we ought not in any case to trust to it. In order to avoid the inconveniencies of a course of mercury, it has been fashionable of late to trust the cure of recent chancres to local remedies, but

I know from various instances in which I have been consulted, that the practice is fraught with danger. The chancres may often be easily healed ; but where mercury is not employed, the disease in a great proportion of cases soon shews itself in the system.

The most certain, as well as the speediest method of curing chancres, is to be obtained from a due attention to external applications conjoined with a well-regulated course of mercury. By the former we are frequently enabled to complete the cure in a few days, which otherwise would require a great length of time ; and by the latter the constitution is made secure.

Chancres in an incipient state, are with most certainty cured by a free use of caustic. If the diseased parts are completely destroyed with caustic, they soon become clean, and heal as quickly as sores proceeding from any other cause, and of the same magnitude, usually do. This practice is now therefore very generally adopted,

adopted, and the effect of it is so remarkable that it has never probably been laid aside by any who have given it a fair trial. None, I imagine, have pursued it more fully than I have done; but I find it necessary to remark, that in the usual way of conducting the practice it is liable to one very important objection: the chan- cers to which it is applied, if not of long duration, very commonly heal quickly; but in a great proportion of cases the cure of the sores is succeeded by buboes in the contiguous glands. For a considerable time I was induced to suppose that this swelling of the glands was more the effect of accident than of the method of treatment, and that it would have happened under whatever management the sores might have been. The frequency, however, of their appearance, made me at last suspect that I was mistaken, and farther observation made it obvious that this was the case.

As experiment alone could determine the question, I was resolved to have re-



course to it. Of the first twenty patients with incipient chancres who fell under my care, in ten they were destroyed by an immediate and effectual application of lunar caustic, the remedy being employed according to my usual custom at that time, instantly on my being called. Of the other ten, five were dressed with blue mercurial ointment, and five with common wax ointment. The sores to which caustic were applied healed much sooner than the others, and next to these the sores that were dressed with mercurial ointment. But of the ten patients to whom caustic was applied, no less than eight had buboes, while only one bubo occurred in all the others, and it happened in one whose chancres had been dressed with mercury. I thought also that buboes appeared to be less frequent from the application of caustic where mercury had been previously given. This fell within my observation from time to time with patients who had taken mercury either of their own accord or by the advice of others ;

others ; and appearing to be of importance I was resolved to bring it likewise to the test of experiment, and the result was as follows : Of forty-eight patients with chancres in an incipient state, and exactly as they occurred in practice, one half was treated in the manner that I have mentioned, by destroying the chancres with caustic immediately on my being desired to see them, while all the others were put under mercury for eight or ten days before caustic was used : In every other circumstance the method of treatment was the same. The difference, however, surprised me greatly : Of the twenty-four treated with the immediate application of caustic, twenty were seized with buboes, while only three buboes occurred in an equal number to whom mercury had been previously administered.

These buboes did not indeed all terminate in suppuration, nor did many of them arrive at any considerable size. Being closely watched, mercury was immediately applied for the purpose of dis-

cussing

cussing them, and for the most part it proved successful: but there was no cause to doubt of their being venereal from their being equally difficult to manage, and from those which ended in suppuration being equally difficult to cure, with buboes that we meet with in the ordinary course of business. At first I was induced to hope that swellings produced in this manner were not venereal, but merely the effect of irritation excited by the caustic, but it soon became obvious that this was not the case, and that caustic does not destroy the venereal virus so completely as is commonly imagined, while, by the irritation which it always excites, it tends often to produce buboes, which otherwise would never take place. This affords an additional proof to what has already been mentioned, of the effect of irritation in exciting the action of the absorbents; and the effect of mercury in this case, by preventing the formation of buboes, tends farther to support the opinion of this medicine

dicine acting as an antidote to the syphilitic virus.

In a great proportion of cases buboes produced in this manner begin to form in the course of a day or two after caustic has been applied; in some cases even sooner. But I have known them take place where the glands had remained sound for a good many days after the chancres were cicatrised, and where there was no reason therefore to suspect that any exciting cause of buboes could remain. In these instances I conclude that such a small portion of the virus had been lodged in the lymphatics forming the gland, as required this length of time to excite the degree of irritation necessary for the production of bubo.

The same effect appears to result from whatever caustic is employed; at least this has been the case with such trials as I have made with lunar caustic, red precipitate, blue vitriol, and corrosive sublimate; and as the caustic is more easily applied, while it commonly acts with more certainty,

certainly, and perhaps with less pain than any of the others, I commonly give it the preference. Where caustic is to be employed, my practice now is to put my patient previously under mercury for the space of six, eight, or ten days, till there is full evidence of the medicine having entered the system. At this time caustic is applied over the whole surface of the chancre, however extensive it may be, in such a manner as to destroy all the diseased parts, and the application is renewed as often as the sores become foul or sloughy. In some it is not necessary to use it above once or twice, while in others it must be repeated every second or third day, during a great part of the cure. Even where the sores have become clean caustic often proves useful, particularly when they are stationary, and make no progress towards a cure; in which case we may commonly make them cicatrize more speedily by the reiterated application of caustic than by any other remedy.

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When chancres are brought to a clean healing state, a cure will for the most part be obtained by continuing the use of mercury for a sufficient length of time, and by dressing with dry lint, or any simple ointment; but that fixed or stationary state to which I allude, and in which they often remain where caustic is not frequently applied, is very effectually prevented by dressing with precipitate or calomel ointment; and in some cases I employ for the same purpose an ointment prepared with verdigris \*.

In all cases of chancres the parts should be kept particularly clean, and the best ordinary wash for this, is a weak solution of corrosive sublimate, in the proportion of one grain to seven or eight ounces of water. Where the sores remain foul notwithstanding the application of caustic, but which does not often happen where mercury in sufficient quantity is given along with it, it becomes necessary to employ

\* Formulæ of these ointments are given in the Appendix, Nos. 26, 27, and 28.

ploy a wash with a greater proportion of sublimate. In this case one, or even two grains, may be added to an ounce of water; but this being too strong for applying to the contiguous parts, care must be taken to confine it as much as possible to those that are diseased. In this foul or sloughy state of chancres, among the variety of dressings which occasionally we are obliged to employ, the blue ointment prepared with equal parts of mercury and hogs-lard, sometimes answers well, as it does indeed in almost every state of chancre in which it is proper that mercury should be used. For the purpose too of removing this foul appearance which chancres are very apt to assume, and under which they never heal, red precipitate finely levigated is often employed in powder, and frequently with advantage. Calomel applied in this manner also proves useful; and it is chiefly in this state of chancres that I have perceived most advantage to be derived from mercurial fumigations. In all slight cases of chancres

a free application of caustic very commonly proves successful ; but where the sores are deep, extensive, and sloughy, together with the use of caustic, we are obliged to employ one or other of the dressings that I have mentioned ; and when precipitate, calomel, and even verdigris have failed, I have in various instances found that the parts have been rendered clean, and brought into a healing state, by fumigating once or twice with cinnabar.

We meet however with two states of chancre that do not admit of this mode of treatment, in which the parts affected are either much inflamed, or show some tendency to mortification. In all other situations, whether the sores be upon the glans, prepuce, or frenum, or even within the mouth of the urethra, caustic may be applied with freedom. It may be proper here to remark, that when a chancre is seated upon the frenum, or beneath it, if not altogether superficial, the frenum itself should be cut across. It is easily  
done

done, no inconveniency ensues, and it tends always to forward the cure.

When the parts upon which chancres are seated become inflamed, such remedies should be employed as prove chiefly useful in inflammation. When the patient is plethoric, blood-letting proves necessary, together with cooling laxatives, and a low diet. The parts should be dressed with any simple ointment, such as the common saturnine ointment and wax liniment mentioned in the Appendix\*. In such circumstances saturnine as well as common emolient poultices prove sometimes useful; but nothing gives more relief, than the internal use of opiates. By allaying irritation they frequently tend in the most effectual manner, to lessen or remove the inflammation.

In some cases, however, notwithstanding all our attention, this inflammatory state of chancres terminates in gangrene, while in others gangrene takes place where no great degree of inflammation had

\* Vide Nos. 29 and 30.

had been previously observed. In these opposite circumstances the remedies to be employed ought evidently to be different. Where much inflammation still prevails, blood-letting with other parts of an antiphlogistic course ought to be pushed as far as the strength and age of the patient can with safety admit, while a plentiful use of bark is perhaps the best remedy where little or no inflammation takes place.

For the removal of inflammation, besides general blood-letting, I have occasionally ventured upon the application of leeches to the diseased parts, and commonly with much advantage. The bites of leeches may in some instances give rise to venereal ulcers which otherwise would not have taken place, but little or no disadvantage ensues from this, as they heal by the use of the mercury that we must necessarily employ for the cure of the disease, while nothing proves so effectual as local blood-letting, for carrying off that great degree of inflammatory tension

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which



which in cases of this description we sometimes meet with.

Whether inflammation takes place or not, gangrene, when it arises from chancres, proceeds with more rapidity than it usually does from any other cause. I have known a considerable part of the glans destroyed by it in the course of a day. For the most part, if not immediately checked, either by general or local blood-letting, or by a liberal use of bark, according to the nature of the case, it proceeds without our being able to put a stop to it till it comes to the urethra. In different instances I have known the urethra laid entirely bare for a considerable length on the mortified parts being removed; and where it begins upon the preputium it proceeds in some cases not only through the loose skin and cellular substance of the penis but even into the corpora cavernosa.

The most distressful symptom which takes place from the mortification of these parts, is the vent which it sometimes gives to the urine by penetrating the substance of

of the urethra. In some instances one opening is formed; in others we meet with two, three, or more. Besides the inconveniency and distress which this always occasions, it adds considerably to the hazard of the patient, for the urine in this manner finds access to the surrounding cellular substance, where it not only gives much additional pain, but the irritation which it excites seems to be of a nature particularly apt to create a disposition to gangrene, so that whenever it takes place, the mortification extends more rapidly than it did before, nor has bark and the other remedies usually given much influence in putting a stop to it. In this case we derive most advantage from opium. Whether opium acts here as an antiseptic might be difficult to ascertain: I rather suppose that it proves chiefly useful by lessening or removing the irritation produced by the urine, for I have not perceived that its beneficial effects are in proportion to the quantity given. Small doses, when they procure ease, seem to

prove equally useful with the largest, which they would not probably do if they acted in any other manner. While by means of opiates we endeavour to lessen the pain, much care should be taken to prevent the urine from finding access to the contiguous parts. Where it happens to lodge, the sac which receives it should be laid freely open, and the parts bathed with a decoction of bark, an infusion of rose leaves, or some other antiseptic after every time the patient voids urine.

I have taken the more particular notice of this effect of urine upon parts in this situation, as I do not find that it has been mentioned by others, and as various cases have fallen under my care in which the most distressful consequences ensued from it.

Chancres are particularly apt to become gangrenous when combined with paraphimosis, but they do so occasionally where no degree of this symptom has ever occurred.

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The most alarming symptom of this state of chancre is hæmorrhagy when the mortification reaches the large arteries of the penis. No advantage is derived from tying these arteries with ligatures till the gangrene is completely stopped; so that in this situation we are obliged to trust to the uncertain effects of astringent applications conjoined with moderate pressure. Pressure in this case is most effectually applied by means of a fillet of linen or cotton, passed round the penis, after a leaden or silver tube has been inserted into the urethra, for the purpose of carrying off the urine.

The point of most importance in this state of the disease is to determine the propriety of giving mercury, or delaying the use of it till the mortification is over. It is the common practice to continue the mercury that had previously been given for the chancres, and many even judge it necessary to give it in greater quantities. In every instance, however, where I have known it done, it has evidently

proved hurtful ; and having found, from various trials, that the mercury may with safety be laid aside during the progress of the mortification, I now never employ it till all the mortified parts are removed. The fear of the disease gaining ground from this ; that the mortification is of a venereal nature ; and that mercury is therefore necessary in the cure, is the cause of this practice, but the progress of mortification is so rapid, when compared with the usual symptoms of syphilis, and it is in every circumstance so different that I do not conceive it to be venereal. It is indeed evidently induced by this disease ; but in this respect the syphilitic virus seems to act in no other manner than as the occasional cause ; and chancres being at first always local, I believe, that, in a great proportion of cases, the sore which remains after the mortification is gone is not venereal, and that it would heal whether mercury should be given or not, in the same manner as would happen with many chancres where caustic has been freely



freely applied on their first appearance. But as we cannot in either case know with certainty whether the virus has entered the system or not, the safety of our patient requires in both instances that mercury should be given in quantities sufficient for this purpose. While the mortification however continues to advance, it should be treated in the same manner with gangrene from any other cause, and without any regard to the venereal disease; but as soon as the mortified parts are removed, the case should be considered as entirely venereal; a course of mercury should be advised and continued from a fortnight to three weeks or a month, according to the virulence and obstinacy of the symptoms after the sores are cicatrised.

I have seldom, however, found it necessary to lay aside the use of mercury during the inflammatory state of chancres. Even where symptoms of inflammation run high mercury may be safely given. By lessening the venereal irritation, it tends for the most part to abate, and even to remove

the inflammation, so that I commonly prescribe it immediately, and persist in the moderate use of it during the whole continuance of this symptom.

After the inflammation produced by chancres is gone, they fall to be treated in the same manner as if this symptom had not taken place. When they are clean, and with a surface disposed to granulate and heal, any common ointment will answer for dressing them, but when foul or sloughy, the application of caustic, calomel, precipitate, and verdigris, are equally proper as if the inflammation had not happened. Verdigris may not only be applied to chancres in powder, and in the form of an ointment, but in solution; and it equally tends to remove that sloughy foulness to which I allude, and disposes the sores to heal when they become fixed or stationary. It may be used in various proportions, from two grains to a scruple in the ounce of water.

In this clean state of chancres, when the cure does not advance, the application  
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of spirit of lavender, ardent spirits, or even of alcohol, proves sometimes useful; and in some cases we derive advantage from bathing the parts with lime water, a solution of blue vitriol, traumatic balsam, or tincture of myrrh.

One of the greatest impediments to the cure of chancres, is their taking place whether on the inside of the prepuce or upon the glans, along with phymosis; for when they cannot be kept clean, and dressings properly applied, the cure proves always both tedious and uncertain. In all slight cases of chancre in this situation, we endeavour to cure them by injecting from time to time, between the prepuce and glans, one or other of the articles I have just mentioned, sufficiently diluted; but when the sores are either deep or extensive, the operation for the phymosis should be advised as the first part of the cure\*. This being a measure to which a patient does not readily assent, it is commonly

\* Vide Chapter III. Section XII.

monly postponed, by which a great deal of time is lost, and chancres often allowed to proceed deep into the substance of the penis, which, without the smallest hazard, might easily have been healed.

When an operation for this purpose is to be done, the prepuce should be divided through its whole length. We are commonly desired to carry the incision only the length of the chancres, but in different instances I have perceived bad consequences ensue from this. The undivided skin is apt to inflame and become tight, and the pain from the operation being nearly the same, the other as being more effectual, and not productive of these inconveniencies, should be preferred.

When, again, the cure is conducted without the prepuce being laid open, besides a very regular attention to cleanliness, care should be taken to prevent adhesions between the preputium and glans; a circumstance particularly apt to happen when much inflammation takes place, and from which a good deal of inconveniency

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is afterwards experienced. This is with most certainty prevented by making such liquids as are injected pass freely round the whole substance of the glans, and inserting pledgits with proper dressings, and placing them between the prepuce and those parts of the glans that are diseased.

Chancres in the parts of generation of women, require the same method of treatment as in men. The parts do not appear to be so irritable, so that they more readily admit of the escharrotic applications which I have mentioned, and in both sexes the cure is much promoted by confinement, while nothing tends more to retard it than the parts being fretted by motion in walking or riding on horseback.

Where venereal sores form upon the mons veneris and external parts of the labia pudendi, or when chancres spread to these parts, as they sometimes do from the nymphæ and clitoris where they often begin, they are commonly more foul and sloughy than venereal sores in other situations: Neither are they so readily cleaned



ed by the usual dressings. Besides a more frequent application of caustic they require every escharrotic that we employ to be used in powder instead of being mixed with ointments. They even admit of being covered from time to time with levigated verdigris; nor have the milder articles of this class, such as calomel and red precipitate, the same influence in keeping them clean that we find them to have in venereal sores in almost every other part. It is proper, therefore, in the treatment of sores upon these parts, that this circumstance be kept in view.

Lunar caustic is the best application for chancres upon the lips. In this situation ointments cannot be conveniently employed: we therefore trust almost entirely to the repeated application of caustic; but in chancres upon the nipples, the application of caustic creates so much pain that it can seldom be used. We are therefore in these parts obliged to employ the milder dressings, and nothing answers better than the common saturnine ointment, or

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wax ointment, with a fourth part of calomel. Some advantage is also derived from bathing the parts affected with a strong solution of opium in water. It lessens irritability, by which the sores are more readily disposed to heal.

## § 2.

*Of the Cure of Buboes.*

A HISTORY of the rise and progress of bubo has already been given in Sect. II. of this Chapter, p. 26.

Our treatment of bubo has varied and been improved by the more perfect knowledge which of late years has been obtained of the anatomy of the lymphatic system. Till this was acquired buboes were considered as an effort of the system to throw off the morbid matter of the disease, so that in every instance to promote their suppuration was thought to be necessary ;

necessary; but when it is known that they are not produced by any disease of the constitution; that they originate from a stoppage of the syphilitic virus in its progress to the common course of the circulation; that by bringing mercury into contact with the virus while in this situation we can render it totally inert; and that sores, the consequence of the suppuration of buboes, are difficult of cure, I do not hesitate to say that it is the best practice in the treatment of buboes, to prevent the formation of matter, and by a proper application of mercury, combined with other means, to procure a dissolution of every tumour of this kind.

But although the advantages of this practice are obvious to all who have given it a fair trial, still there are many who have not adopted it, as thinking that they lessen the hazard of the patient by inducing suppuration in the substance of the gland, and afterwards discharging the matter which it contains.

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We must indeed acknowledge that this reasoning would have every appearance of being well founded, and that the practice of curing buboes by discussion ought certainly to be exploded, was it to be accomplished by forcing the matter of infection into the system; but as we have it in our power by a proper use of mercury entirely to destroy the nature of the matter lodged in the obstructed gland, and as we know from daily observation, that when accomplished in this manner, the discussion of buboes can never induce danger, it ought in all cases to be advised.

The discussion of these tumours might often be in our power by other means than the direct application of mercury to the matter of infection; but we act with more certainty of doing no harm to the system, by first destroying the active property of the matter in the obstructed gland, and trusting afterwards to the use of mercury for obviating the effects of  
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any part of the virus that may have passed into the system.

On the first appearance of a bubo mercury should therefore be applied, so as that it may with most certainty pass into the obstructed gland. Hence it should be chiefly applied to those parts lying between the bubo and the spot at which the matter of infection was absorbed; but in the ordinary seat of buboes the space lying between these points is not sufficient for the quantity of mercurial ointment that must be employed. Where buboes form in the arm-pit, or in the fore part of the thigh, from venereal sores in the hand or feet, this may at all times be done; but when seated in the groin, besides rubbing the ointment upon the parts lying between the chancres and the swellings, we also apply it along the inside of the thigh and leg. When the practice of discussing buboes with mercury was first introduced, the ointment was chiefly rubbed upon the tumour, and often a mercurial plaster was kept constantly applied to it; we find, however,



however, that the mercury passes with much more certainty into the gland by applying it to those parts from whence the lymphatic vessels forming the gland take their origin.

But although a mercurial plaster applied upon the gland itself seems to do harm, by the heat and irritation which it excites, I am of opinion that a small portion of the ointment that we employ should be rubbed upon it. Although none of the mercury should by this route pass directly into the gland, still it will go into the system, and we know that the discussion of the tumour is often promoted by gentle friction applied to it.

In our application of mercury for the purpose of making it pass through a particular gland it is evident that a knowledge of the course of the lymphatics is a matter of importance; but we cannot always apply it, as I have already observed, to those parts from which the greatest number of lymphatics of the contiguous glands originate. Thus in women, in whom bu-

boes are sometimes seated within an inch or so of the seat of infection, as is the case where the glands upon the round ligaments become obstructed, from the lymphatics forming these glands appearing to rise chiefly from the tender skin of the labia pudendi, we cannot with propriety apply the ointment to these parts; nor can we in most instances in the treatment of buboes in men take the advantage of those lymphatics which originate in the glans penis in the internal surface of the prepuce or scrotum; at least wherever I have attempted to do so, however gently the friction was applied, so much irritation was induced by it that we were soon obliged to desist. In the scrotum it excites a fretful itchy eruption, and a considerable degree of uneasiness. In all these situations, therefore, we must apply the ointment to the more firm skin of the contiguous parts.

When the full quantity of mercury to be employed can be rubbed upon the leg and thigh of that side in which a bubo is seated

feated it ought certainly to be done, but the cure of the disease often requires a greater quantity of the ointment than can be used in this manner. In such cases we commonly apply it to the other thigh, but it may with equal safety and advantage be rubbed upon the arms or any part of the body.

From what has been said, it will appear that we depend chiefly upon a proper application of mercury for the discussion of buboes; but we should not trust entirely to this. When the patient is plethoric he should immediately lose blood, in quantity proportioned to his strength, and his bowels should be opened by a brisk purgative. It proves sometimes useful to repeat the purgative once and again: Cold saturnine poultices should be applied to the tumour: The patient should be kept at perfect rest: His diet should be moderate; and where much irritation prevails opiates should be given in doses sufficient for removing it. I think it right indeed to observe, that in the treatment of buboes

much advantage may be derived from the use of opiates, and that mercury will often fail if we do not at the same time lessen or remove the irritation and pain, for which nothing answers with such certainty as the internal use of opiates combined with a frequent renewal of cold saturnine applications. In some instances I have made trial of local blood-letting by means of leeches for the discussion of venereal buboes, and in some cases with advantage. In others, however, it has not answered so well as it commonly does in swellings of these parts arising from inflammation. On the contrary, the irritation which the bites of these animals excites has in some appeared to do harm.

By a proper application of the remedies that I have enumerated, we endeavour to remove the inflammation, while by a due continuation of mercury we secure the safety of the constitution. The length of time to which a course of mercury should extend for this purpose, can only be ascertained by the effects which result from it.

It should always, however, be continued till the swelled gland is nearly reduced to its natural size; and when chancres take place, along with it the mercury cannot with safety be laid aside till the sores have been cicatrised for two or three weeks. But in attending to the discussion of the tumour we have no reason in any case to expect that it will be reduced entirely to its usual size; for lymphatic glands, when swelled from this cause, commonly remain for a great length of time, in some instances during the life of the patient, somewhat more full and prominent than they were before. All we have to expect therefore is, that they should fall nearly to their natural size, and be entirely free of pain. This being accomplished, if no chancres or other symptoms of the disease exist, and if the full effect of the mercury has been kept up, it may with safety be left off at the end of two or three weeks from that period.

In buboes altogether venereal, we seldom fail to remove them where the patient

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desires assistance in due time and applies the ointment with care and attention ; but in some instances we fail, and notwithstanding all our endeavours the tumour proceeds to suppuration. This may take place from various causes, but it happens chiefly from patients declining to ask assistance till it is too late ; from their improper manner of living; and being allowed to walk abroad when they ought to be confined ; from their not applying the mercury with that care and attention which it requires ; and in many instances from the patient being of a scrophulous constitution ; by which, although the syphilitic virus may be removed or destroyed by the mercury, still it is not sufficient for the purpose of carrying off that tendency to the formation of matter which the virus has produced.

As soon as a bubo shews any tendency to suppurate, it is the practice with many to endeavour to promote the formation of matter as quickly as possible ; but I have not observed any good reason for this. By  
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still proceeding with an attentive application of mercury, and with the use of cold applications, we frequently succeed in the discussion of buboes after they have become large, and in some instances even after some partial suppuration has taken place. Neither does the practice do harm even when it does not succeed; for although complete suppuration should afterwards take place, we do not perceive that the process is retarded by the mercury having been continued, while the sores which ensue heal more kindly than they usually do where the mercury has been previously laid aside. By some we are told, that the use of mercury, during the formation of matter in buboes, ought never to be advised; but although I have paid much attention to the subject I have never perceived that in any instance it has done harm, while, besides other advantages, it saves a good deal of time which otherwise would be lost. Even where the formation of matter has taken place to a considerable extent, and where it is therefore proper to promote the complete suppuration of the

tumour by the frequent renewal of warm emollient poultices and fomentations, still there is no necessity for desisting from the use of mercury, which should be continued without interruption till a sufficient quantity is employed for the safety of the constitution. It does not prevent the suppuration from going forward; and the sores which ensue from the discharge of the matter heal more kindly, as I have already observed, when no interruption has been given to the exhibition of mercury.

When buboes have come to a state of suppuration, it is a question with some whether they should be opened or not, for many have observed that they frequently heal easily when allowed to burst, by which the pain and terror of the operation is avoided. The result of my observation has been, that when buboes do not arrive at a large size we should proceed with the use of mercury till they burst of themselves, unless the teguments are uncommonly thick; but when the substance of the gland is entirely suppurated, as the matter,

matter, if thickly covered, would not readily find a vent for itself, and as it might in the mean time insinuate among the surrounding parts, in order to prevent the inconveniences which this would induce, we ought certainly to make an opening into it, whatever the size of it is; and in all cases of large buboes we should not hesitate in advising them to be opened.

Our object in opening buboes should be nearly the same as in other collections of matter. Such an opening should be made as will afford a free vent to the matter, but there is no cause for making it larger. In large buboes, indeed, the teguments are apt to be so flabby and loose, and the texture of the skin so much destroyed, that the cure would always be tedious, was the skin allowed to remain. In such cases I sometimes discharge the matter with caustic, applied in such a manner as to destroy any part of the teguments that appear to be superabundant. This, however, is seldom necessary; and for the most part I have found that an opening made

made from the centre of the tumour, where the matter commonly points, down to the most depending part of it, is perfectly sufficient. Even a smaller opening than this would often answer; but it is better to make it sufficient at once, than to be obliged to repeat a very painful operation perhaps once and again, as is often necessary where buboes of a large size are opened with small incisions. I need scarcely observe that the opening should in every instance be continued down to the most depending point of the collection. From want of sufficient attention to this we meet with daily instances of the matter being allowed to collect, and in this manner to find access to the contiguous parts, by which a great deal of distress is induced, which, with due care at first, might easily in every case be prevented.

This I may observe is a point of the first importance in the treatment of buboes, but it does not often meet with that attention which it merits. Patients under mercury being for the most part highly irritable,



irritable, they seldom submit easily to have buboes properly opened ; so that although the lancet may be entered at the most prominent part of the tumour, which it ought always to be, the practitioner, if not firm and resolute, is often prevented from carrying it to the most depending part of it, by which some space is left for the lodgement of matter ; and however small this at first may be, it seldom fails of becoming more extensive. This again gives rise to a great extent of ulcer, or to the formation of sinuses, which very constantly prove the source of much pain to the patient, and of distress and embarrassment to the surgeon.

When sinuses in this situation are superficial, and run little deeper than the skin, they are easily managed. No risk is incurred in laying them open, by which, if the constitution is healthy, a cure will be obtained on a sufficient quantity of mercury being given ; but they sometimes run deep, and pass so near to the large blood-vessels of these parts, that no attempt

tempt of this kind can be made. In such circumstances all that art can in general do, is to preserve the external opening of the sinuses sufficiently large, and by regular and equal pressure at the different dressings, to prevent as much as possible the matter from lodging. In some instances I have derived advantage from inserting a piece of caustic, from time to time, to the bottom of a deep sinus, and applying it gently over the whole internal surface of the sore. In others, the insertion of a small portion of ointment, impregnated with red precipitate, or with verdigris, has proved useful. By removing the sloughs with which the surface of these sinuses are commonly covered, they thus excite a disposition over the whole to granulate and unite.

When buboes come forward to full maturation without much injury being done to the skin, I have, in different instances, discharged the matter by the introduction of a small cord or seton, and the practice has succeeded. This requires, however,

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the teguments to be firmer than they commonly are when a bubo is ready to be opened.

It is universally admitted, that it is of much importance to prevent the access of air to deep seated sores; and as we sometimes observe that buboes ooze out the matter which they contain by a number of small openings, and as these openings commonly heal easily, I conclude that they do so from their being so small as to exclude the air entirely. In different instances I have attempted to imitate nature, by making a number of small punctures with the point of a lancet over the whole extent of the bubo, and for the most part with success. The matter in this manner comes slowly off; the sides of the abscess contract gradually; and when completely emptied, we find the whole parts that have been swelled become sufficiently firm, without sores or sinuses in any part of them.

When a sufficient quantity of mercury has been taken, if the constitution in other respects

respects is found, the sore in most instances heals easily, merely by dressing with common cerate, and by that attention to cleanliness so necessary in the treatment of sores of every description. It often happens, however, that the cure of these sores proves tedious, notwithstanding all the attention that we can give to them. Their edges become hard, livid, and often retorted; the matter thin, sharp and foetid; and instead of healing, the ulceration gradually extends, or, if it heals in some parts it breaks out in others, giving a honey-comb appearance to all the parts that lie contiguous. In some the tendency to this depascent kind of sore is so great, that it soon spreads over all the under part of the abdomen, and upper parts the thigh; in some cases, by the matter being so acrid as to corrode and destroy all the contiguous parts with which it comes in contact, and in others by spreading beneath the skin, and bursting out, from time to time, in a variety of small ulcers.

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The situation of patients with sores of this description is often very deplorable. The pain with which they are attended is commonly severe; the acrid matter which they afford being absorbed, hectic fever is thereby induced; the patients become hot and restless through the night; and almost a total want of appetite renders them soon much emaciated.

In such circumstances cicuta has sometimes proved useful; and in different instances the sores have been healed by it, when no advantage was derived from any kind of ointment. In these cases it was applied in the form of poultices, commonly by mixing the juice of the fresh herb with emollient cataplasms. I have also observed that the recent expressed juice has, for internal use, proved more effectual than any other form of it. I have employed hyoscyamus and belladonna fully, but seldom with any material advantage. Neither have I in these cases observed any obvious benefit from sarsaparilla; but, in different instances, mezereon, guaiacum, and



and sarsaparilla combined have proved useful, when exhibited in the manner I have already mentioned. •

The most effectual course, however, which I have employed, is the application of caustic round all the edges and hardened parts of the sores, conjoined with the internal use of opium. For a considerable time I trusted entirely to dressings of the emollient kind, being afraid of irritating parts already highly sensible. In some cases a saturnine ointment has proved successful, and in others the common calamine cerate has answered; but in most instances, on those days in which caustic is not applied, I have derived more advantage from ointments prepared with a considerable proportion of calomel, red precipitate, or verdigris \*. In some cases it is necessary to sprinkle these articles over the sores in the form of powder, but for the most part they are sufficiently powerful when mixed with ointments. Instead  
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\* Vide Appendix, Nos. 26, 27, 28.

of exciting pain, as those not accustomed to use them are apt to suspect, they commonly remove it; and they seldom fail to alter the discharge from a thin acrid sanies, to a well digested pus.

The application of lunar caustic indeed always excites pain at first, but this soon subsides, especially when the internal exhibition of opium is advised along with it. Indeed opium, in sores of this description, proves often useful of itself, not by acting, as some have imagined, as an antisypilitic remedy, but by removing, as I have already had occasion to observe, that pain and irritation with which sores discharging acrid matter are usually accompanied. By removing this state of irritability it in some measure destroys the disposition in the vessels of the sore to form that kind of matter, which, by its own acrimony, serves to perpetuate the ulceration; and this being accomplished, when no other interruption takes place, nature alone seldom fails to complete the cure.

In some instances I have known sores in this situation, which resisted every other remedy, soon healed by being fumigated from time to time with cinnabar: In others, warm salt-water bathing, and afterwards, the ordinary form of sea-bathing has proved useful; while in some, a cure has not been obtained but with an entire change of regimen. Where the patient has previously lived upon milk and vegetables, a moderate allowance of wine and animal food has proved serviceable, while those who have been previously accustomed to full living, have derived much advantage from a diet consisting altogether of vegetables and milk. In all such cases country air proves highly useful.

Where mercurial fumigations are employed for the cure of these sores, they should be conveyed to the parts affected by a metallic tube, and kept applied to them for the space of twenty-five minutes or half an hour at once, and this should be repeated daily for six or eight days in succession.

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For a considerable time past I have been making trial of muriated barytes, a remedy lately brought into notice by the ingenious Dr Crawford of London\*. These trials have been chiefly confined to sores and tumours produced by scrophula, but I have also made use of it in the spreading ulcer that sometimes succeeds to buboes after the syphilitic virus has been eradicated, and in various instances I think with advantage.

Besides this state of bubo, there is another which in some instances proves very distressful, in which the tumour, after arriving at a considerable bulk, remains nearly stationary, and shews no tendency either to suppurate or dissolve, notwithstanding of all the remedies that we employ.

For the most part this indolent state of bubo depends upon the patient being of a scrophulous constitution; but whatever may be the cause, our first object should

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\* Vide Appendix, No. 32.

be to employ mercury in such quantity as may be necessary for rendering the system entirely safe.

Uction for this purpose is the best form of mercury; by making it pass through the diseased parts the tumour is more readily dissolved than in giving it by the mouth. Even this, however, will in some instances be continued with little or no advantage for a great length of time. In such circumstances I have in various cases advised blisters to be repeatedly applied over the tumours. They never do harm, and in some cases they have evidently proved useful. In others electricity has proved serviceable, but it must be continued for several weeks before we can judge of its influence; and it ought to be applied longer at each period than is usually done. In various cases of indolent tumours where electricity proved successful, and some of these were of the kind that we are now considering, no advantage was derived from the common way of applying it. In all of them it was applied for the



space of half an hour at once; this was repeated three times a-day, and at each application sparks were not only taken from the surface of the tumours, but gentle shocks were passed through them. For the first two or three weeks scarcely any alteration was perceived in any of them, but they all decreased suddenly at last. One of them of considerable size, which had been of eight months duration, and in some parts of which matter seemed to have formed, was reduced to the fourth part of its bulk in the course of a few days from the period at which it began to diminish. In this state of these tumours a long continued use of cicuta proves sometimes serviceable; and I have seen evident advantages from sea-bathing, and from drinking as much salt water daily as the patient can bear without being much purged.

Before entering upon the use of cold bathing I have in some cases advised warm salt-water to be poured upon the tumour, morning and evening, for the space of

two or three weeks, and for the most part it has appeared to prove useful.

In course of time buboes in this state sometimes become soft, and show a tendency to suppurate, although they may not have done so before. It is here that I have observed warm gum plasters prove most useful. By stimulating the vessels of the diseased parts, they seem to excite that kind of effusion which readily proceeds to a state of purulency.

But the most alarming circumstance to patients with tumours in this indolent state, is, a suspicion which they are apt to entertain that they may some time or other end in cancer. This is, however, so rare an occurrence, that it should scarcely give any cause of alarm. The phagedenic sores which occasionally succeed to buboes, and of which we have already taken notice, sometimes put on a cancerous appearance, but the real schirrus which terminates in cancer is rarely if ever the consequence of a venereal bubo. In different instances I have been consulted

suspected for indolent tumours in these parts on suspicion of their being cancerous, but I conclude that they are seldom or never of this nature, from all of them having done well where the patients have been persuaded not to meddle with them. They often indeed remain considerably enlarged for a great length of time; but when they do not ulcerate no danger is to be dreaded. Wherever parts in this situation however, become cancerous, they ought to be extirpated while they remain in a moveable state.

## § 3.

*Of the Cure of Venereal Ulcers.*

IN the two preceding sections I have treated of the cure of chancres, and of those ulcers which succeed to buboes, both of which, but particularly the first, may be considered as primary symptoms of the

disease, as they may take place without the system being in any degree injured. At present we have to consider the treatment of those ulcers which originate from the syphilitic virus having entered the constitution, and of which a description has been given in the second section of this chapter, page 93.

In the management of these ulcers our chief dependence is upon a well directed course of mercury ; and I believe that in general it is the best practice to trust in the first instance to mercury alone, and not to hasten the healing of the sores by any other means than the application of mild dressings and due attention to cleanliness. Under this treatment, by the virus being thus totally destroyed we rest assured that the cure is accomplished, a point which must necessarily remain in doubt where caustic remedies have been employed.

Some exceptions, however, occur to this, and I consider it as of much importance in practice that they be kept in view.

view. Venereal sores may be so situated and in such a state that their farther progress may be attended with the loss of parts materially necessary for life, or for the future comfort of the patient; as is the case with ulcers that have already penetrated deep in the throat, mouth, nose, lips, or face. In all these situations, particularly in the throat, nose, and lips, they usually proceed with more rapidity than in other parts of the body, so that by trusting to the internal use of mercury alone such a destruction of parts often takes place as proves afterwards highly distressful. On this account the cure should be as much as possible hastened by the use of the most effectual dressings with which we are acquainted, and no harm can ensue from this being conjoined with whatever quantity of mercury may be required.

In all sores truly venereal, wherever they may be situated, the parts are most speedily brought to a healing condition by a free application of caustic, but the practice



practice has seldom, I believe, been considered as applicable to ulcers in the mouth, throat, or internal parts of the nose. For many years past, however, I have been in the practice of using caustic as well as other escharotics in the cure of these ulcers with the greatest freedom. No danger has ever ensued from it; and in various instances it has tended to save the uvula and other parts of the throat, which otherwise were in great danger of being destroyed. Caustic fixed in a tube six or seven inches in length may be easily conveyed to any part of the mouth or throat, and the tube answers the purpose whether it be curved or straight. Caustic excites less pain in these parts than it usually does in other parts of the body, and it seldom fails to remove the irritation which accompanies these ulcers, and in this manner to dispose them to heal. One application seldom proves sufficient. Till the mercury has completely entered the system, it requires to be repeated once and again, perhaps every second or third day, and

and in the intermediate days I cause the parts to be touched occasionally either with a weak solution of corrosive sublimate, or with a strong impregnation of honey with mercury, which in all fores of this description is a very useful application\*.

In the description which I have given of the venereal fore throat, page 60. of this volume, I have endeavoured to point out marks of distinction between it and affections of the throat, the consequences of other causes, and particularly those by which it may be distinguished from ulcerations of the mouth and throat which mercury is apt to induce. Among other means of distinction may be mentioned the different effects produced upon these ulcers by caustic. In the true venereal ulcer, after the first irritation which it excites is over, a good deal of relief is obtained from it, and the parts soon assume a clean healing appearance; whereas, in fores induced by mercury,

\* Vide Appendix, No. 5.

mercury, the application of caustic not only gives very intense pain at first, but the pain continues for a considerable time, while the sores retain nearly the same appearances, however frequently the remedy may be repeated.

Ulcers in the nose and outer parts of the lips, besides being touched with caustic, may be dressed with ointments impregnated with calomel, red precipitate, and even with verdigris; but these remedies are inadmissible to the throat and inside of the mouth from the danger that would ensue from their passing into the stomach.

Even in venereal ulcers of other parts of the body, we are often obliged at last to employ remedies of this class. For the most part they become clean soon after mercury is taken in sufficient quantity for rendering the mouth sore, and they frequently heal, merely by continuing the course of mercury for a sufficient length of time. But this does not always happen; for although the sores may become  
clean

clean, and even contract, they are very apt to become stationary at last, and do not show any disposition to heal, however long the mercury may be continued. When we perceive this to be the case, the mild dressings employed at first should be laid aside. The parts should be completely touched with lunar caustic every second or third day, and at other times dressed with calomel, or red precipitate ointment. In some cases we succeed by bathing with a weak solution of corrosive sublimate, or of verdigris; but the ointments for the most part prove more effectual.

By thus connecting a regular attention to the external management of the sores, with a due perseverance in the use of mercury, we very commonly prove successful at last; but even this does not always answer. In some instances, the ulcers instead of becoming clean and putting on a healing appearance, remain foul and equally extensive as at first.

In

In such circumstances we sometimes succeed by changing the preparation of mercury, and in others by making some variety in the dressings applied to the sores. We should not, therefore, rest satisfied with one mode of treatment, but where no advantage is obtained from the second or third variation of the remedies, particularly if the caustic has been sufficiently powerful, and the mouth kept for a due length of time completely sore with the mercury, we may in that case be assured either that some other disease prevails in the system, or that the sores are rendered obstinate by disease in the contiguous bones.

Scrophula and scurvy are the diseases by which, when they prevail at the same time, the cure of venereal sores is most apt to be obstructed. Venereal ulcers will no doubt heal in scrophulous constitutions. Of this we have daily instances; but it is equally certain that the contrary often happens, and with such certainty does scurvy obstruct the operation of mercury, that



that a cure can scarcely be obtained as I have already observed, of any of the more inveterate symptoms of syphilis while the scorbutic diathesis exists in any considerable degree. Where either of these diseases is therefore found to be the cause of our failure, those remedies must be employed which prove most successful in removing them; but having already in different parts of this work had occasion to speak particularly upon this it will not here be necessary to consider it farther.

The local affection that proves the most frequent impediment to the cure of these sores, is a diseased state of the bones above which they are seated, or of the membranes covering these bones. In either of these cases, although the virus of the disease may be eradicated by a course of mercury, still the sores will continue foul, nor will they show any tendency to heal, however long the mercury may be continued. Ulcers of this description being frequently connected with this diseased state of the parts beneath, are often the  
cause

cause of more mercury being employed than would otherwise be judged necessary, for we are too apt to suppose that all such sores as were at first produced by Lues Venerea are to be cured by mercury alone, whether the sores at the time are truly of the venereal nature or not; an error that has been the cause of much mercury being very unnecessarily given.

Whether the bone, or only the periosteum be at first affected, our practice must be nearly the same; for in such circumstances, where the periosteum is so much diseased as to resist the effects of a full course of mercury, there must ultimately be a partial exfoliation of the bone beneath, before a permanent cure will take place. The soft unhealthy granulations with which sores in this state are apt to be covered must be destroyed with escharotics, and the exfoliation of the bone promoted by all such means as usually prove most effectual for that purpose, and for which books on surgery may be consulted. I may here shortly observe, that

the

the best escharotic I have employed for the destruction of these fungous excrescences which sprout upon the surface of diseased bones, is a combination of red precipitate and calcined allum, which proves much more powerful than either of these articles when used separately, and more effectual even than caustic in the usual way of applying it\*.

On the diseased parts of the bone being removed a cure will soon take place if a sufficient quantity of mercury has been given; otherwise the sore will assume the usual appearances of a venereal ulcer, and will not heal till another course of mercury is advised.

With respect to the quantity of mercury to be given for the cure of venereal ulcers, this must at all times be regulated by the effects which result from it, and these again will in a great measure depend upon the duration of the symptoms. When the disease has been of short continuance, and

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\* A prescription is given for this article No. 44. Appendix to Vol. I.

the sores heal easily without the assistance of external applications, the mercury, if given in full quantity, need never be continued above three weeks after they are cicatrised ; but we should proceed with it for the space of a month where the system has either been long infected, or where we have judged it necessary to heal the sores quickly by the application of caustic or escharotics. Thus, in an ulcer in the throat, which we might suppose would require the patient to be under mercury for the space of a fortnight, merely in order to cicatrise it, and for another fortnight, that is, for the space of a month in all, in order to render his constitution safe, if by the application of caustic the ulcer shall be cicatrised in a week, the mercury should be persisted in for a month thereafter, or for five weeks in all.

By some it has been doubted whether it is necessary to persevere in the use of mercury after the symptoms for which it is given are removed ; but these doubts have only been suggested by those, who, from want of sufficient experience are not capable

capable of judging, or by others who in the support of a theory which they have adopted, allow their judgments to be so far perverted that they lose sight of every fact and argument that militates against it. There is nothing more certain than that venereal ulcers, as well as every other symptom of the disease, may be completely removed by mercury, and yet that the disease will return in the same or some other form, if we do not persist in the use of mercury for some time thereafter; that is, the disease itself may be cured while the disposition remains. All the symptoms may be carried off entirely, and yet the virus subsist in such force that they will at some future period break out again. The length of time to which the use of mercury should be protracted for removing this disposition, it is not always easy to ascertain. In this, and some of the preceding sections, I have mentioned the result of my own experience upon this point, but this can only be done in general terms, and the quantity of mercury to be given



any particular case must in a great measure be regulated by the judgment of the practitioner in attendance.

I can however with certainty say, that in the course of daily and extensive observation in practice of this kind, I have met with no instances in which the disease has recurred on the full quantities of mercury being given, which in the various sections of this work, I have ventured to advise. In some cases perhaps, our purpose might be accomplished with less, but in a point of such importance, it must be considered as the best practice, rather to exceed the exact quantity in all cases, than to incur the occasional recurrence of such a distressful disease, to which we would certainly expose our patients, should mercury be given in a more limited manner.

Towards the close of a mercurial course employed for the cure of venereal ulcers of long duration, decoctions of *sarsaparilla*, *mezereon*, and *guaiacum* are sometimes given with advantage. The latter I have already mentioned as the most effectual of these,

these, but in some instances a combination of the whole has appeared to prove more powerful than any one of them used separately. Many allege that no advantage is derived from any of them; but although I was once of this opinion, I am now perfectly convinced that ulcers of this description frequently heal more easily when a mercurial course is conjoined with a decoction, such as I have mentioned, than when mercury is given entirely by itself.

In these ulcers, when much irritation prevails, opium proves particularly useful. In various instances, indeed, I have found that all other remedies are of no avail till this irritability of the parts is removed. In some cases this may be done with hyoscyamus. Six, seven, or eight grains of the extract, may be given at bed-time, and three or four in the morning, and at mid-day. It commonly acts as an anodyne, and I conclude that cicuta, when it proves useful here, acts also in this manner; but when the irritation is consider-

able, opium is the only remedy upon which we can depend. It ought therefore in all cases to be given when the pain does not subside on the mercury taking full effect, and which it commonly does when they are altogether venereal.

## § 4.

*Of the Cure of Venereal Blotches.*

A DESCRIPTION of this symptom is given in Section II. of this Chapter, p. 84.

Mercury is almost the only remedy that we employ for the cure of venereal blotches, and when the course is well conducted it seldom fails. We never find it necessary to advise external applications unless the eruptions become hot and uneasy, in which case relief is sometimes obtained from dusting the parts with flour or with starch powder, as is done in cases of erysipelas, or bathing them from time to time with a weak solution of sugar of lead.

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Where the usual method of exhibiting mercury has failed in the cure of these eruptions, corrosive sublimate has appeared to prove useful; but as the medicine in this form cannot be given in large quantities, it requires to be continued for a great length of time. It should be regularly given for at least six weeks after the blotches have disappeared; and it seems to operate with most certainty when conjoined with the decoction which I have just had occasion to mention. The Lisbon diet drink is said to have proved particularly useful in the cure of this symptom \*. Antimonials, from their well known property of exciting a determination to the skin, are frequently combined with mercury in the cure of venereal blotches. It is upon this principle I conceive that many of the quack remedies employed in cutaneous affections are formed; and it is for the cure of this symptom of syphilis

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\* Vide Appendix, Vol. I. No. 4.

that Plummer's pill has been most frequently used \*.

Crude antimony is a favourite medicine with some practitioners in the cure of this symptom, and when conjoined with mercury, I think I have observed it prove useful. It may be given either in powder or pills to the extent of fifteen or twenty grains three times a-day; and besides being given along with the mercury, it may be continued with advantage for some weeks after the mercurial course is finished.

§ 5.

*Of the Cure of Nodes, Swellings of the Periosteum, &c.*

A DESCRIPTION of these swellings has already been given in Section II. page 109; and it is of importance in the method of cure to distinguish them accurately.

In

\* Vide Appendix, Vol. II. No 21,



In every affection of the periosteum and bones arising from the syphilitic virus, mercury should be given immediately, for it is upon this remedy that we chiefly depend. Where the bones are much swelled, that is, where tumours truly osseous have arrived at any great bulk, mercury alone will not prove sufficient; for although it may destroy the constitutional infection these tumours will still remain; but when given immediately upon their first appearance, it will prevent their farther increase; and as they are always small at first, although they may never disappear entirely, no inconvenience will be experienced from their remaining in this state even during the life of the patient.

The method of throwing mercury into the system by unction is the best adapted for this symptom, as it perhaps also is with a very few exceptions, for the cure of every symptom of the disease; but it does not appear that any advantage is derived from rubbing the ointment upon the tumours. On the contrary, by tending to irritate  
and

and fret the skin, it renders them more painful, so that it answers better to apply it to other parts.

As the bones seldom become affected till the disease has been of long duration, it is perhaps for this reason that more mercury is in general required for the cure of this symptom than for any other in the venereal disease. I believe, however, that we are often deceived in this, and that we continue to give mercury for the cure of the local affection long after the virus by which it was produced is removed, and for which purpose alone it was prescribed. Next to the state of the system, which a due continuation of mercury can alone render safe, the pain excited by the tumour is the symptom chiefly requiring our attention. When mercury is employed immediately on the pain taking place it commonly subsides soon; but if the tumour has previously arrived at any considerable bulk, the pain which it excites is apt to be severe, while it is not allayed or even lessened by all the mercury we can

can employ. Where the skin has become inflamed and painful, some relief will be obtained from saturnine applications; but as the pain depends chiefly on the stretching of the periosteum by the tumour of the bone, nothing will remove it entirely but the division of this membrane. No practitioner would lay a bone bare for a moderate degree of pain, whatever the cause of it might be; but whenever the pain produced by nodes becomes distressful, and is not allayed by a course of mercury, as I know of no other remedy that will give relief, I conclude that we are fully justified in advising the periosteum to be divided along the whole course of the tumour.

Where the bone is not much increased in bulk, and not otherwise diseased, if mercury has been given in sufficient quantity for the destruction of the virus, a cure may be obtained without any exfoliation of bone. With this view the mildest dressings only should be employed, at the same time that the sore should be as much

as possible protected from access to air. But when the tumour of the bone is considerable, and particularly when caries has taken place, as it would be vain to expect a cure but with the exfoliation of the diseased parts, so the most powerful means should be employed for effecting it. All the soft parts covering the diseased bone should be removed with escharotics. Small holes should be drilled through the carious part of the bone, and the fore dressed with precipitate or verdigris ointments, of such degrees of strength as to act gently as stimulants upon the contiguous parts. By due perseverance in this mode of treatment, and taking care at the same time to support the strength of the patient with nourishing diet, the diseased parts of the bone will at last exfoliate, when, the healing of the fore not being impeded, a cure will soon be obtained with common treatment.

The next variety of tumour taken notice of in the description which I have given of nodes, proceeds, as we have had occasion

occasion to see, from the effusion of a thin fluid between the periosteum and surface of the bone. This also is apt to be accompanied with severe pain; but as the pain is induced by the distension of the periosteum, in consequence of a fluid being collected beneath, and as this fluid is frequently absorbed on the mercury taking effect, we seldom find it necessary to lay this variety of tumour open. Absorption of the matter is sometimes promoted by the application of a blister to the part, or by rubbing it occasionally with stimulants, such as volatile liniment or tincture of cantharides. But when the swelling has been of long duration; as the surface of the bone is in this case commonly injured; as the absorption of the matter does not take place so readily; and as the tumour at the end of the mercurial course is commonly larger than before, an incision the whole length of the tumour should be made through the periosteum, and the wound dressed in the manner that I have advised. I think it right, however,



ever, to observe, that the opening of these tumours is seldom necessary; and that it would in no instance perhaps be so, if mercury was given in sufficient quantity soon after their formation. Even where the quantity of effused fluid is considerable, the swelling for the most part begins to lessen soon after the mercury has fully entered the system; and if the effect of the medicine is kept up for a sufficient length of time, we seldom fail to remove it entirely.

In those diffused swellings upon the bones, which I have taken notice of in the description as a symptom of syphilis, and which also have improperly been termed Nodes, mercury when properly given, seldom fails; but it requires to be given in quantities as large as the patient can bear, and to be continued for a considerable time, commonly for nine, ten, or even for twelve weeks. The pain indeed soon subsides upon the mercury taking full effect; but when the swelling has been of long continuance, as often happens before mercury

cury is given, from the disease being at first apt to be mistaken for rheumatism, in order to remove it, the mercury must be employed for several weeks after the pain has ceased. In the treatment of this symptom blisters prove particularly useful, and they should be applied along the whole course of the swelling.

Where the ligaments, tendons, and fasciæ of muscles, become swelled, as sometimes happens from the matter of venereal ulcers spreading to those parts from the skin and cellular substance where they originate, we depend entirely upon a course of mercury, with proper attention to the external treatment of the ulcers in the manner I have already pointed out.

## § 6.

*Of the Cure of Venereal Excrescences about  
the Anus.*

IN section second of this chapter, page 124, a particular description was given of these excrescences.

A full mercurial course is the best remedy for this symptom; under which it gradually lessens, and at last very commonly disappears altogether; but where we are disappointed in this, we must use the same applications that prove successful in warty excrescences which succeed to Gonorrhœa\*.

The disease being now entirely local, no advantage can accrue from mercury being longer continued, while we seldom fail with a proper application of escharotics.

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\* Vide Chapter III. Section XIII. Vol. I.

Where the surface of these excrescences becomes ulcerated, and yields matter, saturnine lotions and other astringents should be employed to heal them; for as the matter which they afford appears to be venereal, and of which we judge from the real venereal bubo being in women sometimes produced by it, the longer that this secretion is allowed to continue, the more of it will pass into the system, and the greater the risk will therefore be of some of the glands in its course towards the heart being obstructed.

## § 7.

*Of the Cure of the Venereal Swelled Testicle.*

FOR the description of this affection of the testicle, and of the difference between it and other tumours to which the testis is liable, I must refer to section second of this chapter.

One important difference between this tumour of the testicle and that which proceeds from Gonorrhœa is, that in the latter mercury very frequently does harm, while in this it is the remedy upon which we chiefly place dependence. Unless the swelling has been allowed to advance to a great size, from an opinion which some have entertained of it being always local, and not connected with any constitutional disease, mercury seldom fails to cure it. Were it not to add considerably to the extent of the present work, this, as well as many other points, of which I have had occasion to speak, might be illustrated and proved by a variety of cases which have fallen under my observation, in which the swelling of the testis to which I allude, produced altogether by the syphilitic virus in the system, and in many instances where Gonorrhœa never existed, after resisting every other remedy, has at last been completely cured by mercury. Besides other views of no small importance in the theory of the disease, which this tends



tends to establish, it may be looked upon as an additional argument for considering the matter of Gonorrhœa and of pox as different. The swelling of the testis arising from Gonorrhœa gives way to the effects of an antiphlogistic course, and without doing any injury to the constitution, while the other in no instance has been known to do so, at the same time that it yields to mercury, the only remedy upon which we have hitherto ventured to trust for the cure of every other symptom of syphilis.

Mercury proves effectual in removing tumours of this description, even where matter has formed in them. I have met with cases in which a partial suppuration had taken place in the body of the testis before mercury was given, and the matter has been absorbed, and the swelling entirely removed, soon after a sufficient quantity of the medicine has been thrown in. In some of these it appeared that mercury was assisted by a decoction of mezereon given along with it; but for

the most part it proves abundantly successful of itself.

Where mercury has been too long delayed, complete suppuration commonly ensues, and the sore arising from the bursting of the tumour assumes always a very ugly appearance. Even in this situation, however, our chief advantage is derived from mercury; nor do we often fail in curing the sore, if due attention is given to regular dressings, and procuring a free discharge to the matter. The best dressings for this purpose are the saturnine and zinc ointments, when the parts are clean, and the precipitate or verdigris ointments when they are foul or sloughy.

But where matter is observed to lodge in any part of the swelling, nothing can be of advantage till a free opening is made for it. This, however, is not always done so completely as it ought to be. The testes being organs of much delicacy, we are apt to be afraid of opening abscesses that may form in them, in consequence of which the matter is apt to find access  
into

into the cellular substance of the scrotum, where it seldom fails to produce very troublesome sinuses. This, however, may always be prevented, either by making a free incision into the most depending part of the abscess, without allowing it to burst, or taking care to enlarge the opening if it has previously made way for itself. Nor should we ever be afraid of doing so, for the injury which this may do to the testicle cannot be equal to what it must suffer from matter being allowed to lodge in it. In all such circumstances I never hesitate to lay the testicle freely open, and no inconvenience ever ensues from it.

As this tumour of the testicle never occurs but in very advanced stages of syphilis, it requires a very full quantity of mercury to remove it, and at the same time to eradicate the virus from the system by which it has been produced. It ought to be continued from ten to twelve weeks, and in as great quantities as the patient can bear.

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When the sores which ensue from the bursting or opening of these tumours do not heal after such a quantity of mercury is given as we judge to be proper for the safety of the constitution, some advantage is occasionally derived from a plentiful use of hemlock, and sea-bathing; but in such circumstances nothing proves for the most part so useful as dressing the parts in the manner I have mentioned, with stimulating ointments, and touching them occasionally with caustic. This we are also apt to be afraid of from the natural irritability of these parts; but I have not found that there is cause for this. On the contrary, a free application of caustic to the surface of these sores renders them commonly less painful. Where much irritation however prevails, and is not removed or much lessened by the use of caustic, opiates should be given in quantities sufficient to allay it.

## § 8.

*Of the Treatment of Alopecia, Venereal Blindness, and Deafness.*

A description of these symptoms was given in Section II. of this chapter, § 11. 12. and 13.

When alopecia, or the falling off of the hair takes place in any considerable degree before mercury is employed, particularly if the patient is advanced in years, it never grows again but in a very partial manner; but during youth, and when mercury is given in due time, we not only prevent it from advancing farther, but any hair that has been lost will commonly be renewed. There is no other remedy indeed upon which we can depend but a full course of mercury; for although many external applications are advised for recovering or renewing hair



lost in this manner, there is no reason to suppose that any advantage is ever derived from them.

Where the falling away of the hair is connected with a scurf over the head, some benefit indeed is obtained from external applications; by removing the eruption we tend to prevent any farther loss of hair, and the internal use of mercury alone is not altogether sufficient for this. The most effectual applications for the removal of this, are, the unguentum citrinum\* and a weak solution of corrosive sublimate in water. The ointment should be well rubbed among the roots of the hair every night, and the solution should be applied three or four times daily, in the proportion of half a grain of the mercury to an ounce of water; and for the more effectual application of both, the head should be shaved, and the hair not allowed to grow till the eruption or scurf is entirely removed.

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\* Vide Appendix, No. 14.

In the treatment of blindness as a symptom of *Lues Venerea* we have scarcely any variety of practice. Mercury is perhaps the only remedy from which any advantage is to be expected; nor does it prove of any avail if it be not given immediately, and in as great quantities as the patient can bear. Whether the eye is therefore affected with *gutta serena*, cataract, or effusions upon the cornea, if there is reason to think that it proceeds from *Lues Venerea*, the patient should be immediately put under a full course of mercury, and his gums kept sore for the space of ten, eleven, or twelve weeks, according to the effects which arise from it.

In *gutta serena* it may be proper before mercury is given to premise a smart purgative or two, and during the course to conjoin the repeated application of blisters to the temples and head, with electricity, and errhines for the purpose of exciting a discharge by the nose, although the effects of these remedies are so uncertain

tain that in every instance our chief dependence must rest upon mercury.

Where the blindness is found to proceed from cataracts, if mercury does not succeed in removing the opacity, our only remedy must be the usual operation of depressing or extracting the crystallines. This will not always succeed, but where the eye is otherwise sound, and only the local affection of the lens appearing to be the cause of blindness, we should in every instance advise it.

We sometimes find that mercury proves so far useful as to lessen the opacity of the lens in a considerable degree, without removing it entirely; and where this has happened I have found in more cases than one that a cure has been accomplished by electricity. I have never perceived, however, that electricity has produced any advantage where the opacity was not previously much diminished, and even in this situation it requires to be long continued in order to answer the purpose.

In

In blindness produced by the humours of the eye becoming confused or turbid where there is reason to believe that the system is affected with *Lues Venerea*, mercury ought no doubt to be advised; but this cause of blindness is of a very hopeless nature, insomuch that I have never known an instance of its being removed. Neither do we often succeed even with mercury, where the matter of syphilis has fixed upon the coats of the eye. We may prevent the disease from advancing farther, but mercury does not appear to be sufficient for removing any considerable degree of opacity in the cornea that has already taken place. Nor does this cause of blindness admit of remedy by means of a surgical operation; for it is not upon the surface, but in the very substance of the cornea that it is seated.

When abscesses form in the coats of the eye, we have it in our power by discharging the matter which they contain to remove

move in some degree the deformity which they produce, as well as the pain with which they are accompanied ; but we are not to look for any farther advantage from this or any other remedy that can be proposed. An opaque state of the cornea almost constantly remains during the life of the patient.

Of all the symptoms of *Lues Venerea*, none prove more obstinate, nor are less acted upon by mercury than deafness. A certain degree of deafness, indeed, produced by venereal ulceration or swelling at the opening of the Eustachian tube in the throat, is sometimes relieved or even removed by mercury ; but no advantage is ever obtained from this or any other remedy where the disease has fixed upon the membrane or bones of the ear. In the description of this symptom, I had occasion to remark, that a temporary state of deafness is sometimes produced in *Lues Venerea*, by the meatus externus being filled up with a scurfy eruption ; and in some instances



ces by the membrane of the passage becoming thickened and even ulcerated. In this, as in other symptoms of the disease, we depend entirely on the internal use of mercury for removing the virus from the constitution; but the local affection may remain after the system is rendered safe. The best remedy that I have employed for this is a cautious use of bougies. Care, however, should be taken that they be not pushed so deep into the passage as to injure the tympanum; and they should be formed of the mildest materials, as they never fail to do harm when they excite much irritation

## § 9.

*Of the Cure of some Anomalous Symptoms of  
Lues Venerea.*

IN section second of this chapter, page 147, sundry anomalous symptoms of syphilis are enumerated, which could not with propriety be described in any other place.

For the cure of these we depend almost entirely upon a full course of mercury. Scarcely any of them appear but in the later stages of the disease, and they are very apt to recur, if the medicine be not given in as large quantities as the patient can bear, and continued for a considerable time after they have disappeared. Besides this general course of treatment, some of these symptoms require a peculiarity of local management.

The

The first that I have mentioned are chops or clefts in the palms of the hands and soles of the feet, to which syphilitic patients are sometimes liable. The best dressings that I have employed for these are the unguentum citrinum\*, and unguentum e mercurio præcipit. rubr. †. But while these ointments are perhaps the best that can be applied to the chops themselves, they are too irritating to admit of being applied to the contiguous parts, which for the most part are red and tender, and are best defended with unguentum saturninum ‡.

For the removal of that scurf and gummy matter which occasionally forms and becomes troublesome upon the eye-lids of syphilitic patients, I have found nothing answer so well as bathing them from time to time, with a weak solution of white vitriol, and applying over the eye-lashes and cartilaginous border of the eye-lids,

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\* Vide Appendix. No. 14.

† No. 27.

‡ No. 29.

a small portion of calamine liniment \*, or unguentum citrinum, so much reduced with axunge as to prevent too much irritation.

Sores which succeed to the swellings described in p. 150, are frequently healed with mercury alone, but in some, they resist even this, and all the dressings that we employ. Caustic and other escharotics are the best applications here, as we find them indeed to be in almost every variety of venereal ulcer. When they do not succeed it is for the most part owing to a greater degree of irritation and pain in the sore than is consistent with the process of healing. In this case nothing proves so useful as sufficient doses of opiates.

When the pains mentioned in p. 151, do not give way to the quantity of mercury judged to be sufficient for the safety of the constitution, we sometimes find that they may be removed by blisters applied directly to the parts affected, and anointing

\* Vide Appendix, No. 31.

ing them with æther, anodyne balsam, or volatile liniment.

For the removal of these pains we are often obliged to have recourse to opium. In sufficient doses it seldom fails by itself, but it proves more effectual in every variety of pain when given in the form of Dover's powder. Ten or twelve grains of the powder given at bed-time, and continued for seven or eight nights successively, very commonly gives relief.

The irritability, restlessness, and atrophy, to which venereal patients are often liable, are difficult to remove, and sometimes even prove fatal. I have known different instances of their proving incurable where ulcers and other symptoms of the disease with which they were at first connected were easily removed, but where the patient, by constant restlessness and anxiety, having first been deprived of appetite, and afterwards of strength, was at last carried off, notwithstanding all the means that could be employed for his safety.



I judge that these symptoms are often altogether venereal, from observing them to accompany other well-marked symptoms of the disease, and from mercury being the only remedy that has any influence in the cure. Even mercury does not always succeed; but in various instances I have known it answer where every other remedy had previously been tried in vain. Peruvian bark, a change of diet, and country air, are commonly prescribed; but we may readily conclude, that no material advantage can result from them, if mercury be not also continued till the virus is removed.

This restless anxiety to which syphilitic patients are occasionally liable, is in some instances removed by opiates, while in others they rather do harm. The only course that I have found to prove useful, is, a light, nourishing diet, a due continuance of mercury, and the patient, during the time of using it, being allowed to go daily abroad in a carriage when the state of the weather permits.

In

In the use of mercury for the cure of this symptom, much nicety and care are required; for in the delicacy of constitution which prevails here, it constantly does harm if not managed with attention. It cannot be given in large doses but with much risk of doing harm; nor can it be left entirely off, but with the risk of the disease gaining ground. If ever an alterative course of mercury, as it is termed, is proper for any of the symptoms of the more advanced stages of syphilis, it is here. By a regular exhibition of small doses of mercury, the virus may be kept moderate till the strength of the system is so far restored by attention to regimen as to admit of larger quantities being given.

The most frequent anomalous symptom in this disease is fever. It is often the effect of some evident symptom, such as bubo, ulcer, or node. In such cases the cause is obvious, and the fever disappears along with the symptom by which it was induced. But where a quantity of mercury sufficient for eradicating the dis-

ease has not been given, although all the symptoms for which it was employed may be removed, yet fever will sometimes take place, and in some instances subsist for a great length of time, before any external mark of the disease is perceived. This I know is doubted, and even denied by many; but I have met with it frequently, and in some instances in the most obvious manner. In some, where, from the history of the case, the cause was evident, the patient has been cured by an additional course of mercury; while, in others, from no cause of suspicion being mentioned, the febrile symptoms have resisted all the usual remedies, and were not removed at last till the appearance of nodes, ulcers, or some other local symptom has pointed out the necessity of a farther use of mercury.

The effect of mercury upon this fever is often remarkable. In almost every other situation it is one of the first effects of mercury in a certain degree to accelerate the circulation of the blood, while here, it not only lessens the quickness of pulse,

pulse, but abates every other febrile symptom. Even in small quantities mercury proves useful here, as it evidently does in the symptom last mentioned; and as the strength of the patient is commonly much exhausted before this remedy is employed, it should not at first be given in larger quantities than are merely necessary for mitigating the symptoms. As this however will not render the constitution safe against future returns of the disease, care should be taken that a sufficient quantity of the medicine is given as soon as the strength of the patient, restored by a nourishing diet, enables him to bear it.

## SECTION VI.

*Of Lues Venerea in Infants.*

**N**O period of life is exempted from the ravages of the venereal disease. They are frequently to be deplored even in infancy, and here the same symptoms appear as in patients of more advanced years; that is, when the virus enters the system in the usual way from the surface of the body, the symptoms which ensue are nearly or entirely the same as in other periods of life: but when the infection is communicated to the foetus in utero, some variety is observed, which demand particular notice.

I have already indeed had occasion to remark, that it has been doubted whether *Lues Venerea* can be communicated to  
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the foetus while in the womb: Nay, of late it has even been asserted that it cannot, and that practitioners upon this very important point have hitherto been mistaken. But this is so contrary to general experience, and to the result of my own observation, that I cannot consider it as an opinion that will ever gain ground where the judgment is not entirely warped. A desire to support a particular theory seems to have laid the foundation of this doctrine; but the facts which militate against it, are too strong and too numerous to admit of being easily set aside.\*

Those who are of opinion that neither the blood nor any of the secretions of a syphilitic patient can communicate the contagion, allege, that when a child ap-

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pears

\* Even Mr Hunter has unguardedly fallen into this error; and as his authority would necessarily have influence with those whose opportunities for observation are not so great, I think it right, in a matter of such practical importance, to endeavour to render the mistake obvious. See different parts of Mr Hunter's Treatise.

appears to have been infected in utero, the infection must have been communicated during labour from venereal sores in the genitals of the mother.

That this in some instances happens, there is no reason to doubt. A child passing over, and perhaps resting for a considerable time upon, sores of this description, may readily be infected in this manner, and this may probably be the case wherever the disease does not appear till two or three weeks after birth. But where a child is instantly upon delivery found to be covered with a venereal eruption, an occurrence which I have often met with, the infection must necessarily have been communicated a considerable time before. It may be asked, however, in what manner eruptions appearing on the birth of a child have been known to be venereal? In answer I may observe, that it has been ascertained in the most obvious manner; by finding on enquiry that the father had been poxed without taking such a quantity of mercury as was necessary to eradicate

cate the virus ; by the eruption upon the child being exactly similar to what experience in other instances shews to be venereal ; by a child in this situation giving the different symptoms of Lues Venerea, evidently and strongly marked, to the nurse by whom it has been suckled ; by the nurse giving the disease in the first place to another child, and afterwards to her husband, and by the disease in all of them being cured by a proper use of mercury alone, while no other remedy was of any avail.

Every practitioner must have met with instances of this. I have seen many, in some of which no external mark of the disease appeared either in the father or mother, although one or other of them, and in some cases both, must have been infected. I conclude that we have sufficient evidence of this where the same parents produce one, two or more pocky children, and continue to do so till both pass through a complete course of mercury ; and hence, notwithstanding any theoretical opinion that may be advanced

vanced to the contrary, I have much reason to imagine that the opinion which I have elsewhere given, that the semen of a diseased parent will give a pocky offspring is well founded. No person, I believe, will doubt of other diseases being communicated in this manner. We have daily proofs of it in gout, phthisis, scrophula, and, perhaps, in some others, in which these diseases descend from fathers to their children, while no infection is communicated to the mother; and I have met with very decisive evidence of it in *Lues Venerea*, at least with such as leaves no room with me to doubt of it.

About ten years ago I was desired to visit a child seven or eight days old. It was covered with a rash, which had much the appearance of being venereal; and finding that the only other child which the parents ever had, was born with a similar rash, of which it died, I enquired at the father of the child whether there was any cause to suspect that he was infected or not. He informed me that he had been

been poxed about six months before his marriage; that his symptoms were chancres and a sore throat; but that having taken as much mercury as was judged to be sufficient, the symptoms having disappeared while under the course, and none of them having ever occurred again, although he had now been married nearly three years, he could not possibly believe that the child was infected with this disease, particularly as no symptom had appeared upon his wife. I was clearly of opinion, however, that the child was infected; and I judged it right to say, not only that the child should instantly get mercury, but that he and his wife should also take it, with a view to prevent the same occurrence with any other children which they might have, as well as to render themselves safe. He agreed to this with respect to himself, but on account of the suspicion which it might create, he would by no means consent that it should be given to his wife.

Imperfect



Imperfect as this measure might be, I was obliged to adopt it. Small doses of calomel were given to the child, and the father was kept under a complete course of mercury, with unction and the blue mercurial pill, for the space of ten weeks. The child got well; and although the same parents have had several other children since that period, all of them have been perfectly sound. Some doubt, however, might still have remained of the real nature of this rash, but it happened that a very decisive, although unfortunate proof was given of its being venereal. Two nurses were infected by the suckling of this child. The first became so much distressed with ulcers upon her nipples, and pains in one of the mammæ, that she was obliged to leave the family, and although warned of her situation, and of the necessity of giving no suck to other children till the course of mercury which she was put under was finished, she foolishly took home her own child, which she had previously given out, and in the course  
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of two or three weeks he also was poxed, and being a weakly child, he soon died, although the greatest care was taken of him. The nipples of the other nurse ulcerated, and she was soon thereafter seized with a venereal ulcer in the throat, for which a course of mercury became necessary. Since that period, besides some instances in which the disease was given to children, where there was much reason to think that both parents were infected, I have met with other two cases very similar to that which I have mentioned, in which a mercurial course given to the father proved so completely successful that all the children of both families that have been born since that time have been entirely healthy, although one of them had previously lost two and the other one from their not having entertained any suspicion of the nature of the disease.

These, as well as various other facts which I might adduce, render it obvious to me that Lues Venerea may be, and frequently is, communicated in the manner

I have mentioned, that is, by the infection passing directly from parents to children, and where no marks of disease have appeared either upon father or mother. Nor would I have judged it necessary to enter so fully into the subject, as by many the opinion I am wishing to establish will be admitted, had it not been with a view to put the younger part of the profession upon their guard, till by experience they are enabled to judge for themselves of the distressful consequences that would result from the opposite doctrine being admitted.

Among other baneful effects of syphilis, perhaps none prove more distressful than the frequent abortions of which it is evidently the cause. A child infected in the uterus will in some instances not come away till the full time; but in a great proportion of cases, abortion takes place in the sixth or seventh month, sometimes sooner, but most frequently about the middle of the seventh month. Of this I have met with such a number of instances, that

that I am induced to consider it as one of the most frequent causes of abortion; but as the child is commonly either born dead, or so weakly that it soon dies, sufficient evidence is not often obtained to lead the attendants to entertain any suspicion. Hence practitioners seldom hear of it unless the disease has made more than usual progress. We have it in our power, however, when this cause of abortion is discovered, to remove it with much certainty. A well-conducted course of mercury seldom fails. I have now met with a considerable number of instances where abortion had regularly taken place in the sixth, seventh, or eighth month, and in which, from there being no mark of disease either upon the father or mother, the real cause of it remained concealed; but which being at last discovered, either by some of the children being clearly marked with the disease, or from its breaking out in an obvious form on one or both of the parents, a mercurial course has at last been prescribed, and in no instance has it failed  
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where a sufficient quantity of the medicine has been given. In two instances it did not answer so completely as in the others, but in both there was sufficient evidence of too little having been employed; for the children in both instances were kept till the beginning of the ninth month, which in the one was two months, and in the other six weeks later than had been the case before, and both the parents having in each of these instances been made to take mercury again, and in greater quantities than before, no abortion has since taken place, and each family has within these few years had several healthy children.

At whatever period children with this infection are born they are remarkably weak and delicate. The muscles over the whole body are flaccid, and the joints have not that firmness which they ought to possess. When the disease is discovered immediately upon the birth of the child, it is usually in the form of an erysipelatous efflorescence over the whole body.



body. In some instances the cuticle is either altogether or in part destroyed; the skin is tender, and affords a kind of matter. In others the nails have not formed either on the fingers or toes.

Sometimes again no mark of disease will be perceived till the tenth, twelfth, or even fourteenth day after delivery; and in such cases the eruption occurs chiefly about the anus, on the nates, and about the pudendum. In these places irregular blotches arise, of a light strawberry colour, and somewhat elevated above the contiguous surface. Although a thin acrid serum in some instances oozes from them, if not prevented by a timeous exhibition of mercury, the disease is apt to spread quickly over the whole body; but excepting in the parts which I have mentioned, it usually appears in the form of a crusty eruption, which in some cases is dry, and falls off in small scales, while in others it is kept together by the exsudation of a viscid matter, particularly upon the forehead, eye-lids, arms, and breast.

I have already had occasion to observe, that in supporting a favourite theory some have denied that the fœtus in utero ever receives this disease from the parents, and assert, that wherever it occurs in new-born children they must have received it from the mother in the time of delivery. But while the fallacy of this opinion becomes obvious, as I have just had occasion to observe, from the fœtus being in many instances perceived directly after birth to be covered with a venereal efflorescence, we also find, that the syphilitic virus, is in this state, of a more dileterious nature than it ever appears to be in any other form of the disease. Besides being more particularly apt to communicate the infection, it proceeds with more rapidity to destroy the constitution ; inasmuch that if mercury be not employed immediately on the disease being perceived, it usually makes such quick progress that a fatal termination can scarcely be afterwards prevented.

In all such circumstances the child should be nursed by the mother; and as mercury is necessary for both, they should both be put immediately under it. -As it has been found that a diseased child may be cured by sucking the milk of a woman using mercury, some have advised that new-born children should always be treated in this manner. But I can say from experience that it is not to be trusted. With some it will no doubt succeed. In all it will perhaps accomplish a temporary removal of the symptoms, but for the most part they return again, or the disease breaks out in some other form. At the same time, therefore, that the mother begins to take mercury, it ought to be given to the child, and it may be done with no inconveniency; for even at this early period it excites less distress than it usually does afterwards. The cause of this may be difficult to assign; but I have in various instances found that mercury in early infancy, is not so apt to excite either salivation or violent effects upon

the stomach and bowels as it afterwards does, and that it may be given with safety in sufficient quantities for curing the disease. Calomel is often employed for this purpose. The dose should be the fourth or fifth part of a grain three times a-day, and when rubbed with a small quantity of sugar, the child takes it easily. Mercurius alkalifatus is a preparation that answers particularly well in the dose of half a grain three times a-day; and I sometimes employ the common blue pill prepared with triturated quicksilver. A pill containing a grain of mercury, being rubbed into powder, and divided into four, one of these is given evening and morning. Any of these being continued for the space of a month, will, in most instances, remove every appearance of the disease; but a complete cure will not be obtained if the use of the medicine be not continued for a considerable time thereafter. When the child is healthy, and not of a delicate form, this should be done without interruption, otherwise it may be laid aside

aside occasionally for eight or ten days together; but upon the whole, it should be given for the space of fifteen or sixteen weeks, and never left off so long at once as to allow the effects of the mercury upon the system to disappear entirely at any one time.

When a child in this situation cannot be suckled by its mother, either from her want of milk or any other cause, what are we to do? Another nurse is commonly procured; but this resource should never be advised, for it seldom fails of giving the disease in the most virulent form to whoever is so unfortunate as to be employed for this purpose. All such children should be nourished and brought up on spoon meat, nor should the restriction be confined to the first weeks of infancy only. No child infected in this manner should be put to the breast of a sound nurse till a course of mercury has been continued for three months at least after every external mark of the disease is gone. In one instance, where a child in this situation had



for seven weeks been nursed by the mother, and where mercury had been regularly given for three weeks after every external mark of the disease had disappeared, two nurses were infected, who were successively employed to suckle the child, during a temporary fever with which the mother was attacked. And in another the disease was given in the same manner where the child was three months old, and where every symptom of syphilis had disappeared upwards of eight weeks. Hence I conclude, that much attention is required, for preventing similar occurrences, and that nothing will answer the purpose but a regular and long continued use of mercury.

In addition to what I have said on the subject of syphilis producing abortion, I may observe, that when a woman has suffered one or more abortions, and has reason to think that they proceed from a venereal infection, she, as well as her husband, should immediately be put under mercury. It is a prevailing opinion that  
mercury

mercury is apt to cause abortion, and it is therefore seldom given during pregnancy. Much experience, however, has convinced me that this opinion is ill-founded; when managed with caution, that it may be given in sufficient quantities at every period of pregnancy, for curing every symptom of syphilis; and without doing the least injury either to the mother or child. We would not indeed from choice give mercury during pregnancy; but when a woman in this situation is evidently poxed, or when there is good reason to think that she is so, I would not hesitate to advise a course of it. In different instances I have done so, and always with advantage. Where obvious symptoms of Lues Venerea break out during pregnancy, scarcely any will doubt of the necessity of the measure; but some explanation may be required for advising it where there is only ground for suspicion.

In illustration of the propriety of this, the following, among several cases, may be recited. Five years ago I visited a lady  
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in the fourth month of pregnancy, on account of a simple fracture of the os humeri. The patient being young and healthy I prognosticated a speedy cure. She had been married four years, and had suffered two abortions, one in the sixth, the other in the seventh month, and her friends were anxious lest this accident should produce the loss of another child. This induced me to inquire into the circumstances attending the previous abortions, when I found that both children were born dead, and entirely destitute of nails and cuticle. No obvious symptom of syphilis, had appeared upon the parents, but the husband had occasionally been attacked with a dry scaly eruption upon the breast and shoulders. I also discovered that he laboured under the venereal disease a few months before marriage; and it did not appear to me that he had taken mercury either with the regularity or to the extent necessary for removing the symptoms which took place. This led me at once to say that both he  
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and his wife should immediately undergo a complete course of mercury. To this they submitted, and in less than a year from the commencement of the course, the later was delivered of a healthy child. Now here was only ground for suspicion; but the event gave cause to imagine that if this kind of proof was to be set aside, where direct evidence cannot be procured, and which often happens in cases of this description, parents would often be irreparably injured, and many children lost, which otherwise might be saved.

During pregnancy mercury should in every instance be used in the form of unction, as we thereby with most certainty prevent the stomach and bowels from being injured, and thus avoid the hazard of abortion, as the effect of irritation upon these parts.

Nothing indeed more readily excites abortion than purgatives, when severe in their operation, or when they even only produce any considerable degree of tenesmus; and as the internal exhibition  
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of mercury is frequently the cause of this, it cannot but with much hazard be given in any considerable quantity during pregnancy.

## SECTION VII.

*Of some Peculiarities of form under which Lues Venerea has appeared in Scotland and Canada.*

I HAVE already remarked that Lues Venerea has appeared with some peculiarities both in Scotland and Canada. By the accounts received of it from Canada, it seems to have appeared in that country in the same manner, and under the same form, as it had a considerable time before done in Scotland ; and as few have had more opportunities of seeing it here than has fallen to my share, I mean to give



give a short description of the appearances which it exhibits, and to mention the method of cure which hitherto has proved most effectual.

In the Highlands of Scotland this disease is usually termed *Sivvens* or *Sibbens*: In *Dumfriesshire* and *Galloway*, it is commonly called the *Yaws*, from a resemblance which it is supposed to bear to the African and West Indian disease of that name; but over the whole kingdom it is known to be the venereal disease. That it is so, is certain from those afflicted with it, in every district where it has yet appeared, having been able to trace it to an origin that left no room to doubt of it, as well as from the symptoms which arise in it bearing an exact resemblance to those of the later stages of *Lues Venerea*, in the ordinary form of the disease, and from mercury being the only remedy upon which we can place dependence for a radical cure.

It never appears, as I have elsewhere had occasion to observe, in the form of  
Gonorrhœa,

Gonorrhœa, nor seldom at first in any form whatever upon the genitals, owing to the manner in which it is most frequently communicated. The infection being for the most part received by eating or drinking out of the same utensils with those labouring under the disease, it often appears at first in the throat or some part of the mouth. In the mouth the sores have the usual appearances of venereal ulcers. This is likewise the case in the throat when the disease has been of some duration ; but at first, and often for the space of several weeks, although the patient complains of a good deal of uneasiness in swallowing, and of a constant hoarseness, there is nothing perceived upon inspection but a degree of tenderness, accompanied with an erysipelatous redness of the amygdalæ, uvula, and velum pendulum palati. If not prevented, however, by the use of mercury, ulcers at last form upon these parts, and commonly spread more quickly than venereal ulcers usually do in other parts of the body ; inasmuch that

that the uvula and amygdalæ will sometimes be entirely destroyed in the course of a few days, and a degree of hoarseness and loss of voice produced, from which the patient never afterwards recovers.

It is particularly apt to affect the internal parts of the nose; and when the sores penetrate to the ossa spongiosa these soon become carious, and come away in small pieces along with the matter, which is always extremely fœtid. When not prevented by mercury, the ulcers spread to the hard bones of the nose, and from these to the bones of the cheeks. In this manner the whole face becomes ulcerated, for when these bones are affected the contiguous soft parts likewise become soon diseased. It is not uncommon for these ulcers to attack the eye-lids.

When the infection is not received by the mouth the disease appears in various forms in different parts of the surface of the body. When the virus has entered the system the parts upon which it first commonly breaks out are the genitals, the  
parts

parts contiguous to the anus, the anterior parts of the thighs and legs, the under part of the abdomen, the breast, arms, fingers, and toes, and hairy scalp. It does not so readily fix upon the fleshy parts of the legs or thighs, or on the back. In some the parts become covered with an infinite number of small pustules, and these being itchy, the disease is at first often mistaken for itch. This the more readily happens from its prevailing almost entirely among the common people, who, from want of cleanliness, frequently labour under itch; and so much is sibbens confined to this set of people, that, excepting children, who are more particularly exposed to receive infection from servants, those in the higher ranks of life are scarcely ever attacked with it, at least few instances of their being so have fallen within my observation.

This eruption, however, soon assumes appearances which sufficiently distinguish it from itch. The skin upon which it is seated becomes thickened, and somewhat elevated,

elevated, and acquires the characteristic mark of venereal blotches, a peculiar copper-coloured appearance.

The late Dr Gilchrist of Dumfries, in a paper upon this subject, in the *Physical and Literary Essays of Edinburgh*, remarks, "That these scabby eruptions are often met with on the scalp, forehead, inside of the thighs, groins, and parts contiguous. Inflammation and excrescences about the fundament are frequent; and it sometimes appears in the form of a herpes exedens, healing in one part and breaking out in another."

Some have small tubercles, or hard elevated knots upon the face, arms, and breast, somewhat resembling small-pox at the height, but of a red or copper-colour, and accompanied with a painful degree of heat. If mercury is given early these tumours gradually subside, otherwise they become large, and discharge a foetid viscid matter, which forms into crusts or flakes, and, on their falling off, the parts  
beneath



beneath are red, tender, and in some cases in a state of ulceration.

Instead of this eruption, some are attacked with small inflammatory boils, which do not readily suppurate, but remain for a considerable time hard, and of a copper-colour, and at last discharge a thin bloody ichor. These at first resemble the common anthrax or carbuncle, but soon after bursting they assume all the appearances of the true venereal ulcer.

But the most characteristic symptom of this variety of syphilis is a soft spongy excrescence, in size and colour resembling a common rasp, which is apt to appear on all such parts as either become ulcerated, or that are attacked with any kind of eruption; fifteen or sixteen being in many parts of the Highlands the name of a wild rasp, and this being a very frequent symptom of the disease, is the cause of its being distinguished by this appellation. In some instances this spongy substance rises to a considerable height, nor can it be kept down by any of the common escharotics;

rotics ; for although entirely removed, if the virus of the disease be not eradicated by the use of a full course of mercury, it soon returns to a greater extent than before ; but as mercury is commonly given as soon as this symptom becomes evidently marked, the excrescence is seldom so much elevated as it otherwise would be.

These fungous productions are occasionally met with in every part of the body ; but particularly on such parts as have become tender, whether from previous eruption, or from the cuticle having separated and come off from the skin beneath ; a circumstance which sometimes takes place in this disease, and when to any considerable extent, always with much inconvenience and distress.

In the treatise which I have mentioned, Dr Gilchrist observes, that this disease does not attack the large and solid bones, and very rarely any of the others. I have, however, seen several instances of the contrary, in which both the bones of the legs and arms have become diseased ; and it is

by no means uncommon to find it fix upon the bones of the head. I have seen it indeed in every part of the body, and in every form under which *Lues Venerea* usually appears, except in chancres upon the genitals. I have seen it produce sores resembling chancres upon the lips, and on the nipples of nurses; and where an infection has been of long duration, I have known ulcers form upon the penis; but I have not known an instance of its producing chancres, either in men or women, from coition; owing, I imagine, to all who are attacked with ulcers upon these parts from this cause avoiding venereal intercourses, which they very universally do till a cure is obtained by a course of mercury; but although siccus is not usually met with in the form of chancres upon the penis, this, as well as other parts of the genitals, are particularly apt to be attacked with ulcers arising from the virus having entered the constitution. In different instances I have known the whole penis and scrotum destroyed with it,

it, but this has commonly happened from the patient having neglected too long to call for medical assistance, or from mercury being given in too small quantities.

These ulcers, like the usual form of venereal sores proceeding from the constitutional form of the disease, do not commonly produce buboes. This, however, is not universal; for buboes sometimes take place in fibbens, not only from the primary ulcers of the disease, as I have in more than one instance perceived in the arm-pit, from sores produced upon the nipple in nursing an infected child, but also from those which appear upon the penis and other parts of the genitals, from the virus having entered the system; and the appearance of buboes produced by fibbens, whether in their swelled or ulcerated states, is in every respect the same with that of the ordinary form of venereal bubo.

Syphilis, in whatever way the infection is communicated, is readily transmitted, as we have already had occasion to see,

from parents to the foetus in utero, and it is particularly apt to happen in fibbens. Sibbens therefore proves a frequent cause of abortions, although in some instances children are born with it at the full time, and in a few it breaks out in the course of the first month after delivery.

In the treatment of fibbens, as of every variety of *Lues Venerea*, mercury is the only remedy upon which we can place dependence. Sarsaparilla, guaiacum, and mezereon, have occasionally proved useful, but we trust to mercury alone for a radical cure. The observations that I have already had occasion to offer on the use of mercury, apply with equal propriety to the treatment of every symptom of fibbens. It is therefore unnecessary to consider the subject farther at present; but while we refer for this purpose to different parts of the preceding sections, I think it right to observe, that a greater quantity of mercury is in most instances required for the cure of fibbens than we usually find to be necessary in the ordinary



mary form of the disease. Relief is obtained with perhaps equal ease, and a stop may be put to the farther progress of the disease by the same quantity that we employ for the common symptoms of pox, but siccus is more apt to return if the medicine be not given in larger quantities, and continued for a considerable time after every appearance of infection is removed. When the disease has been of long duration, mercury should be continued for seven or eight weeks after every symptom has disappeared.

A practitioner of experience and observation, who had many opportunities of seeing every symptom of siccus, informed me that mercurius sublimatus corrosivus frequently proves successful in the cure of the more inveterate symptoms of the disease, when the milder preparations of mercury fail. He gave it in the form of drops. Sixteen grains were dissolved in an ounce of water, with the addition of eight grains of crude sal ammoniac, and

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of this ten drops were given three or four times a-day.

When ulcers in the throat and other parts do not readily yield to the use of mercury, I employ caustic and escharotics, and they prove equally useful here as in every variety of sore proceeding from *Lues Venerea*. In various instances they have been rendered clean, and brought into a healing condition by fumigating with cinnabar, when they had previously resisted every other remedy.

The public, however, are equally interested in the prevention of this disease as in the cure of it, particularly in those districts where it has long prevailed; and with proper attention there is much reason to suppose that it might soon be eradicated. In some parts of Scotland this has already indeed been accomplished; and the means by which it has been done are simple, and easily practised. They consist entirely in a due attention to cleanliness, and in preventing nurses and other servants from being employed where there

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is the least reason to imagine that they are infected. In the choice of a nurse this is a point of the utmost importance; for in sibbens, as in every form of syphilis, I have had many proofs of the disease being communicated by the milk alone, and as this is almost the only way by which it has found access to families of rank, they are particularly interested in preventing it.

The chief difficulty that we meet with in the prevention of this disease proceeds from those who ought most anxiously to wish for it. The infected are so much afraid of a discovery being to injure their reputation, that they do all in their power to conceal it, by which they do not take mercury in that complete manner which alone could render them safe. I know, however, that this anxiety for concealment may be removed, and, with proper attention, that those poor people who otherwise would fall victims to the baneful effects of the disease, may be easily induced to apply for medical assistance. The cler-

gy have this so much in their power, that through their interference the fibbens might soon be eradicated. In one parish this was actually done. The disease had spread to such an alarming height that more than three-fourths of the inhabitants were infected, and many of the more delicate, particularly young children and females, died under it. This had gone on for a great number of years, when by the exertions of the clergyman of the parish it was entirely removed in the course of a short time. He went personally to every individual of his parish and convinced them of the propriety of applying for medical assistance immediately on the disease breaking out, which they agreed to the more readily from their being sensible that all of them had got the disease in the most innocent manner. In this way it was soon carried off, and by due attention to cleanliness, and avoiding all kind of intercourse with those who they suspected to labour under it, the disease has now for a considerable time been entirely subdued.

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This has in some degree indeed been the case in every district of Scotland where fibbens ever prevailed. In some situations it has been nearly eradicated, and in none is it now so frequent as it was some years ago. There is much cause therefore to hope that by the superior attention to cleanliness, which of late years has prevailed among our common people, it will soon become every where unknown.

All that I have hitherto said on the subject of fibbens was written some years ago, when the first edition of this book was published : Since that period I have found that the disease is now very rarely met with in any of the south districts of Scotland, and even in the Highlands that it daily becomes less frequent.

If the disease as it prevails in Canada is the same with the fibbens of Scotland, and from all that I have heard of it there is no cause to doubt of its being so, the same method of cure will prove effectual, and the same means of prevention must be observed.



## SECTION VIII.

*Of Prophylactics in Lues Venerea.*

**T**O prevent infection is an object of the first importance in every disease; but there is none in which our endeavours have proved less successful than in this. As the pleasures and safety of mankind are both interested, Prophylactics in Lues Venerea have long been an object of attention; but hitherto, notwithstanding all the boasted specifics with which every kingdom of Europe abounds, nothing has been discovered upon which we can with certainty depend.

At first view one would not doubt of ablution alone being sufficient for preventing infection. As the parts to which the matter of infection is applied are altogether

together external, and as a considerable length of time commonly passes over before any effects are produced by it, we might with confidence expect that bathing the parts in warm water, or any other liquid, could scarcely fail to remove the matter of contagion. This, however, is not the case; for although some advantage may occasionally be derived from careful ablution, we have daily proofs of its failure even when practised with all manner of attention.

This must probably arise from the virus being either exceedingly subtil, or so very adhesive that it cannot be separated from parts to which it has found access, by any means that have as yet been employed. In this view, therefore, two objects occur for our consideration. Any application to be employed should not only be of a penetrating subtil nature, but capable of destroying that connection by which the virus is thus made to adhere to the parts to which it is applied. I also think that some advantage may be derived from  
combining

combining mercury with whatever is best adapted to these purposes. By acting as an antidote it may serve to destroy such parts of the venereal poison as the others may not be able to remove.

Crude mercury, triturated with honey or with turpentine, and mixed with a sufficient quantity of water, has been used as a wash for this purpose; but the most convenient form of using mercury in this way is in a watery solution of corrosive sublimate. It may be used of various degrees of strength, from the quantity of one grain to three grains of mercury in the ounce of water. More than this proves irritating and corrosive.

As it is probable that the virus proves more adhesive than it otherwise would be by combining with the mucus of the parts to which it is applied, all such articles as prove solvents of mucus, or that particularly destroy its tenacity, may with propriety be employed in the composition of an antisyphilitic wash. Upon this principle

ciple lime-water may be used with advantage; also the caustic fixed alkali, and even the caustic volatile alkali so diluted with water as to admit of their being applied with safety.

No harm can ensue from the external use of any of these articles in the form of a wash, and more advantage, I have reason to think, may be derived from them than is commonly obtained from the use of those secret specifics which the interest of individuals and the credulity of our young people have occasionally brought into notice. I think it right, however, again to remark, that none of them can with certainty be relied on, and that in no instance ought any of them to be injected into the urethra, as preventatives of Gonorrhœa. When the disease has actually taken place, they may, when much diluted, be used with freedom; but they cannot be thrown into the urethra but with much risk of inducing inflammation when of such a strength as can have any influence

ence in dislodging the virus, by dissolving or destroying the mucus with which it is combined. Whether these specifics of itinerants, to which I allude, have any of the articles that I have mentioned for their basis or not I cannot determine, but when used as injections they often do much harm by exciting pain, and such a constant inclination to pass urine as proves exceedingly distressful.

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## SECTION IX.

*Of Lues Venerea as inducing other Diseases.*

AS the virus of syphilis is often difficult to eradicate, and the disease being frequently known to break out again long after a cure has been supposed to be accomplished, the fears of patients have induced them to suspect that it cannot with any certainty be removed after having appeared as a general disease of the system, and even to consider it as the cause of many other diseases.

Even practitioners have been divided in their opinions upon this. The result of my observation has already been given, on the power of mercury in curing the disease. In section fourth of this chapter I have endeavoured to show, that  
where

where failures have happened, they must in a great measure have arisen, either from the misconduct of patients when under mercury, or from too small a quantity of the remedy being given. But while I am clearly of this opinion, I at the same time think, that *Lues Venerea* is often the cause of other diseases, which frequently prove fatal from want of a proper application of mercury, by which a cure of all of them might in a great proportion of cases be obtained.

In the preceding parts of this work a description is given of all the ordinary symptoms of *Lues Venerea*, and of the method of treatment appropriated to each; but if the opinion which I am now endeavouring to support is well founded, this disease, it is evident, must occasionally appear under other forms.

I have already had occasion to observe, that *Lues Venerea*, when not interrupted in its course by the use of mercury, usually makes a certain progress, and that the symptoms make their appearance with  
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some regularity : But when mercury is employed, and not given in quantities sufficient for eradicating the virus, although all the symptoms may thereby be suspended, the disease will certainly appear either in the same or some other form at some future period. In this case it generally shows itself by one or other of the symptoms that have been described, but occasionally we meet with it under a variety of other appearances ; the virus, instead of producing the ordinary symptoms of Lues Venerea, tending rather to induce other diseases.

This I know is denied by many, who allege that syphilis is never productive of other diseases ; but I have met with it in such a number of instances, and these so evidently marked, that I consider the fact as certain. The virus of syphilis will not produce any disease that depends upon a specific contagion, such as small-pox, measles, itch, and some others, but I have much reason to think that a great variety of other diseases are induced by it. It may

be asked in what manner can syphilis act in producing other diseases, and what evidence can be given of its ever having done so? In answer to this I may observe, that it is often difficult, and sometimes impossible, to explain the action of causes in producing diseases. We may easily, however, suppose, where the virus of syphilis exists in the system, but not in sufficient force to shew itself by the usual and more obvious symptoms of the disease, that it may, however, in various instances be capable of exciting a great deal of derangement, and even many diseases which otherwise might not have taken place, and that it will more especially be apt to produce those diseases to which the constitution is predisposed, or those to which the patient is rendered liable by exposure to particular occasional causes. If the virus can exist in the system for a considerable length of time without shewing any external mark of disease, and of this few I believe will doubt, it is difficult to conceive that it should not produce both  
general

general derangement and particular organic affections; and, accordingly, I believe that it more frequently does so than we are usually led to imagine. The evidence which I could give of this would be exceedingly ample, as I could relate a very extensive collection of cases in a great variety of diseases in which it actually happened; but the extent of this publication renders it necessary to confine the proofs of it within narrower limits. The diseases induced by the venereal virus, of which I shall give instances, are phthisis, asthma, rheumatism, dropsy, head-ach, epilepsy, and mania.

In the month of October 1783, I was desired to visit a gentleman at some distance from town, with an extensive foul ulcer upon his left shoulder. This was mentioned as the most material part of his distress; but I also found that he had for several months laboured under all the most alarming symptoms of phthisis, such as severe cough, spitting of purulent matter, pains in the breast and sides, night



sweats, quick pulse, and an emaciated state of body. These symptoms, however, did not excite the attention of the patient nor of his friends so much as the ulcer upon his shoulder, which, from the great quantity of matter which it discharged, and the great length of time which it had endured, was considered as the cause of his weakness as well as of all the other symptoms.

The appearance of the fore giving cause to think that it might be venereal, I mentioned this to the surgeon in attendance, as well as to my patient, with a view to discover whether from the history of the case, and from his previous course of life, there was any ground for suspicion. The answer which I received to this inquiry was, that soon after the first appearance of this ulcer, about three years before the time of my being consulted, an ulcer had appeared in his throat, accompanied with some other symptoms of syphilis. For the removal of these he had been put under a long course of mercury, which appeared to  
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prove successful; and as he had not since that period run any risk of being infected he did not suppose it possible that the ulcer upon his shoulder, or any of his other symptoms, could be venereal. Having found, however, that the mercury, although long continued, had never been given in greater quantities than to render the mouth moderately sore, and that for a considerable time an eruption resembling venereal blotches had prevailed over his breast and arms, I did not hesitate to say that the infection had not been eradicated, and that he ought immediately to enter upon a full course of mercury.

The chief objection to this was the debilitated state of our patient, and the quickness of pulse, with other symptoms of fever, which prevailed in a very considerable degree, the pulse at this time beating upwards of 130 in a minute. Even these considerations, however, did not deter me from advising a trial of mercury; having even at that time seen more than one case of a similar nature, where the lungs

were evidently affected, and in which a cure was obtained by mercury; and judging from the whole history of the case, that the phthical symptoms might be kept up by the syphilitic virus, I observed to our patient, that if my conjecture was well founded, these symptoms, as well as the others, would gradually abate on the mercury taking effect. I also said to his friends, that, in such circumstances, the mercury could not add much to his hazard, however severely it might operate, the nature and severity of his symptoms being such, as gave no cause to imagine that he could live above a few weeks, if some unexpected alteration did not take place.

The patient himself having readily acquiesced, a course of mercury was immediately prescribed. At first he rubbed in a drachm of strong mercurial ointment every evening. This came to be repeated morning and evening; and as his cough and fever were not increased by it, and the state of his mouth enabling him to  
bear

bear it, the quantity at each application was increased at the end of eight days to a drachm and a half. The ulcer was dressed with common wax-ointment. About the end of a fortnight it became clean, which it had never before been, and any uneasiness with which it had previously been accompanied was now removed. The blotches upon his skin had begun to yield, and even the febrile symptoms, instead of being increased by the mercury, were somewhat abated. His mouth became exceedingly sore; but although a good deal of salivation was excited, the same quantity of mercury was continued. This I was induced to insist upon from our having now very satisfactory evidence of all his symptoms being venereal; for even the cough and purulent expectoration became moderate in proportion to the quantity of mercury that was exhibited. By the end of the sixth week the cough was nearly gone; the blotches were almost entirely removed; the ulcer continued clean and much contracted, and his pulse did not

now beat above ninety strokes in a minute.

In the course of a fortnight from this time, that is, after he had taken mercury for the space of eight weeks, scarcely any remains of the blotches were perceptible: The sore was reduced to the fourth part of its original extent; but about this period it became nearly stationary, for which it was touched every second or third day with lunar caustic. At the end of another fortnight it was completely cicatrised; but the infection having been of long duration, I judged it proper to continue the mercury three weeks longer, being thirteen weeks in all. He had now been many weeks entirely free of cough. His pulse was about its natural standard; and as he had been allowed nourishing diet during the whole course, he was even considerably improved in appearance and strength. By the beginning of the ensuing summer, he was equally strong as he had ever been at any period; and when I last saw him, about three years ago, he had



had continued entirely free both of Lues Venerea and phthisis.

In the beginning of January, 1784, I was desired to visit a patient newly come to town, with sores on different parts of his body and limbs, and he had also for a considerable time been distressed with asthma. It was chiefly however for the sores that he applied for advice, as he had been led to consider asthma as a disease for which there was no remedy. There was one large ulcer immediately above the great trochanter of the right thigh; one upon the middle and most prominent part of each leg, both of which penetrated to the tibia; one upon the breast, where the sternum appeared to be thickened, although not carious; one upon the right side, upon the seventh and eighth ribs; and a small sinous ulcer upon the middle and outside of the right arm, which, on being probed, was found to run to the surface of the ulna, which was rough for the space of an inch. Besides these, there were several small ulcers upon the toes of both feet.

feet. These, as well as the others, were foul, and discharged a thin, foetid matter; and being accompanied with that erysipelatous kind of redness which frequently surrounds the margins of venereal ulcers, I was thereby led to suspect them to be venereal. The patient mentioned, as reasons for thinking that I was mistaken, that these ulcers were now of seven years continuance, and on the suspicion of their being venereal that he had taken mercury to a considerable extent at three different times, each course having been continued for nine or ten weeks; and although he had from all the three derived benefit, yet none of the sores had healed by the effects of any of them, and that some of them had even become worse soon after the last course of mercury was left off. The asthmatic symptoms were now of five years duration. They began without any obvious cause, and had gradually become more violent, nor had any remedy that had been employed for them given him relief, excepting opium, and even this was merely

merely temporary. Besides a constant difficult breathing, he was liable to periodical attacks of a more severe nature, which occasionally came to such a height as to endanger suffocation. These occurred most frequently during sleep, and for the most part with much regularity, about three o'clock in the morning.

The patient, who was now about forty-five years of age, acknowledged that in his earlier years he had suffered much from Lues Venerea, but having been led to suppose that he had already taken more than a sufficient quantity of mercury, he was now with difficulty persuaded to enter on a farther course of it. The more, however, that I heard of the rise and progress of his disease, the more I was convinced of its being venereal; for besides the appearances of the sores which I have mentioned, I found upon inquiry that he had never taken a full course of mercury; for although it had always rendered his gums sore, he had never used it in such quantities as to require confinement. Neither

ther had any of the attempts which had been made to cure the sores by external applications proved successful. A great variety had been employed, but although some of these had rendered the ulcers clean, and procured a discharge of better matter, no permanent advantage had ever ensued from them.

These considerations determined me to give a decisive opinion on the propriety of his taking mercury in larger quantities than he had ever as yet done. This induced him to agree to it, and he entered upon the course on the 14th of January. At first he rubbed in a drachm of mercurial ointment every night, and took one of the blue pills evening and morning. In the course of eight days he used two drachms of the ointment daily, and the same number of pills were continued till his mouth became fully sore, and a good deal of salivation was induced, which happened at the end of a fortnight. At this period the pills were left off, and only a drachm of the ointment employed daily.

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The common wax ointment was applied to the sores, and renewed morning and evening.

Till he entered upon this course the sores had at all times given him much uneasiness. They had never produced acute pain, but they were accompanied with an uneasy, itchy sensation, which frequently deprived him entirely of rest. Before the end of the third week this was completely removed; the sores were become clean, and the discharge of a better consistence; at the same time that his asthmatic symptoms were by no means so severe. As by this he was convinced of the propriety of the course of mercury, he readily submitted to the distress and inconveniency which it produced, and kept his mouth fully affected during the whole time of it. By the beginning of March, that is, after having taken mercury for nearly seven weeks, all the sores were entirely healed excepting that upon the outside of the thigh, and those upon the legs. Even these were much diminished, and the cure  
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in all the three seemed to be retarded only by the state of the bones beneath, which were found to be denuded of the periosteum, and even in some parts rough. These, as well as the others, had been dressed with mild wax ointment from the first, and if it was not the laying open the sinus upon the fore-arm, no farther attention had been given to any of them. He now breathed easily, and had not experienced any severe fit of asthma from the time that his mouth became first completely sore with mercury.

The course was continued in the same degree to the end of the thirteenth week, when, judging from the quantity of mercury that had been used, and the regular manner in which it had been taken, that the virus by which his disease seemed to have been produced must be eradicated, I desired it to be left off. His asthma was entirely gone, and all the sores continued firm and well, excepting the three that I have mentioned. I now supposed, however, that these were kept up entirely by the  
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the carious bones on which they were seated; and as a cure could not be looked for till the diseased parts exfoliated, and as this might probably be tedious, I advised him, as soon as he could with safety venture upon a journey, to go home, and to do nothing with a view to the sores but to dress regularly with red precipitate ointment, in order to prevent the growth of a fungus with which all the three were covered. This, with the occasional use of calcined allum, prevented the fungus from becoming large; but it was not till a year had elapsed that any of the sores healed. About this period an extensive exfoliation appeared to be coming away from the tibia of the right leg. He now came to town, and by cutting into it I got it easily out, and the sore healed in a fortnight. The sore on the other leg healed in a similar manner, at the end of three or four months, after a small spiculated portion of the tibia had come away, but the ulcer upon the trochanter has not healed. Several small pieces of bone have  
from

from time to time come away from it; but I conclude that more must be thrown out before a firm cicatrix will form; for although now reduced to the appearance of a narrow sinus, which frequently heals, it always bursts out again. It is not, however, productive of much inconvenience; and on account of the situation of the bone, I think it better to trust to time alone, than by means of any operation to attempt to promote the exfoliation of the diseased parts. No return of asthma has taken place, and he is now, in the month of January 1797, in good health.

In the month of May 1789, I was desired to visit a patient, by trade a brewer, aged forty, and very corpulent. For several years he had been liable to periodical fits of asthma, and during all that period his breathing had been difficult, in so much that he had for the most part been obliged to sleep nearly in an erect posture. He had been liable to frequent and very distressful palpitation of the heart, and his pulse was at all times frequent and irregular,

regular. Other practitioners had previously been called, and, as is usual in such cases, different opinions were formed of the cause of the disease. By some it was considered as gout; others judged it to proceed from hydrops pectoris, while by some it was supposed to constitute what of late has been termed Angina Pectoris. The patient himself, however, was of opinion, that all his symptoms originated from what he termed an ill-cured pox. He informed me that in his earlier years he had suffered much from frequent attacks of syphilis, and not having taken mercury in a regular manner; particularly from the last attack, and to which this affection of his breathing had succeeded: From this he was convinced that the virus had not been eradicated.

No evident symptom of Lues Venerea, however, could be discovered; so that I could not venture to advise a course of mercury as my patient wished me to do. Purgatives, diuretics, and blisters, were repeatedly employed, but with no advan-

tage; and some relief being derived from opiates, he was at last induced to trust entirely to a large dose of laudanum taken at bed-time, and a lesser dose in the morning. In this situation I left him in the month of September, nor had I again occasion to see him till the month of April 1790, when I was called on consultation with the surgeon of the family, for an ulcer which two months before had appeared upon the right side of the nose. At first this ulceration was so inconsiderable as scarcely to excite his attention; but, as it soon began to spread, various applications were employed, from the mildest to the strongest escharotics; but although these, with the occasional use of lunar caustic, had proved useful, by preventing the growth of fungus which had previously prevailed, still the sore continued to extend, and at this time had spread to the opposite side of the nose. Upon inquiry I found that in the month of November, some days after exposure to infection, a chancre had appeared upon the glans penis;



nis; but as it healed by being twice touched with caustic, and which he had done without the knowledge of his surgeon, he had not thought it necessary to enter upon the use of mercury.

At this time the difficulty of breathing and distressful palpitation of the heart were more severe than they had ever been at any period; but the account which I had received of this recent infection, the progress which the ulcer was daily making, and the inefficacy which had already been experienced of local applications, determined me to advise an immediate and full course of mercury. Being informed that mercury did not readily affect him, both the internal and external use of it was advised; so that in the course of ten days his mouth was rendered as sore as he could possibly bear it, and he salivated to the quantity of between two and three English pints a-day. The sore was dressed with common wax ointment.

In the course of three weeks from his entering upon the use of mercury the sore

was considerably diminished, and at the end of six weeks it was entirely heal; but to the surprise and satisfaction of all concerned, all his other symptoms became better on the mercury taking effect. The difficulty of breathing was soon much relieved, the palpitation vanished entirely, and the pulse fell to its natural standard. It was several weeks before the asthmatic affection left him entirely, but this happened before the end of the course, which was continued to the end of the third month; and he has not since that period experienced any return of his disease.

In this last case it may be a question whether the patient laboured under syphilis at the time when I first saw him or not: He himself imagined that he did; and on finding afterwards that the disease in his breast was completely removed by mercury, when employed for a more obvious symptom of the disease, I came also to be of the same opinion, and this induced me to give the mercury in larger quantity, and to continue it longer than

than I should have done for the cure of a recent infection.

In March 1787, I was consulted by a gentleman of fortune in the south of England. His case was described to be a severe degree of rheumatism, with which he had been afflicted for the space of eighteen months. After much exposure to cold and wet weather in the course of hunting, he was attacked with severe pains in all his joints, particularly in the shoulders, wrists, knees, and ancles. These continued in some degree from the first approach of the disease, but he had occasionally been distressed with severe pains in his back, loins, and hip-joints, to such a degree as not to be able to move for two or three weeks together but with an unsupportable increase of pain. His fingers and toes also became swelled and painful; and as the balls of the great toes had been particularly pained, his disease by some had been considered as gout. When I was consulted the joints of his fingers were so much swelled that he could not even sign

his name, but the chief cause of his distress at this time was a swelling of his right knee. The swelling and pain in his other joints had at different periods prevailed in various degrees; they even at times left him entirely; but the right knee had continued swelled and painful from the first, and at this period it was represented as being nearly double the size of the other. There was accordingly much tension, and a very extensive fluctuation had for seven or eight weeks been discovered in the superior part of the tumour. The skin, however, was no where discoloured. He was now in his thirty-second year. When first attacked he was full and vigorous, but now much emaciated. His pulse, however, was good; for although, for a considerable time, a good deal of fever prevailed, it had now left him entirely, his skin was cool, and his pulse beat between seventy and eighty in a minute.

The remedies he had employed were these: At first he was repeatedly bled; the

the pained parts had been rubbed with a variety of stimulating applications, such as volatile liniment and tincture of cantharides, and blisters had been frequently applied. He had taken James's powders, camphor, and opium; but the latter being the only remedy from which he derived relief, the others had long been laid aside. Sixty drops of laudanum taken at bed-time, and twenty-five in the morning, kept him for the most part in tolerable ease; but he experienced much distress whenever these were omitted. The following is the advice which I proposed to him:

1. That two drachms of a weak mercurial ointment, containing only a fifth part of mercury, should be rubbed upon the swelling of his knee evening and morning for the space of twenty minutes each time, and continued five or six weeks if it did not excite salivation.

2. That he should use a warm bath of sea-water every second night: The whole body to remain immersed for the space of twenty-five minutes, or half an hour,



and a quantity of the water to be poured from the height of three or four feet upon the swelled knee at each time of using it.

3. Instead of laudanum at bed-time, that he should take fifteen or twenty grains of Dover's powder.

4. That he should wear flannel next his skin, not only upon the diseased knee, but over his whole body.

5. If by these means the swelling did not abate in the course of four or five weeks, that blisters should be applied to it; the first where the fluctuation was discovered, and the others alternately on each side of the joint.

I heard again from him in the month of June, when he informed me that he had been prevented from using the mercury by a physician who was consulted on the receipt of my opinion. Being afraid that his debility might be increased by the mercury, he had desired that it might not be used, but all the other parts of the course which I had pointed out had been complied

plied with. His general state of health was better, and by the use of the warm bath and Dover's powder his pains had been much relieved, but they always recurred on these remedies being laid aside, and the swelling of the knee was nearly in the same state as when he first applied to me. Besides this, he had been attacked with a painful swelling on the upper part of his right shoulder, which, after becoming red and tender, had ended in an extensive foul ulcer. This giving rise to much anxiety, for the sore was daily penetrating to a greater depth, he was particularly anxious to have some remedy pointed out for it.

In return to this, I desired that the mercury might still be employed with a view to remove or lessen the swelling of the knee, and I gave him formulæ of different ointments as dressings for the sore on the shoulder. I said, however, that he must depend chiefly on the surgeon in attendance for the treatment of this sore; but being within forty or fifty miles of  
London,

London, I advised him, if he did not soon get better, to go there for the advantage of a consultation.

I did not hear of him again till the month of September, when he arrived in Edinburgh. He now informed me that he had gone to London on the receipt of my second letter, and that he had been advised to the use of guaiacum; a deep-seated pea issue had been inserted on the inside of the swelled knee; and different ointments had been given him to apply in succession to the sore on the shoulder. Having continued, however, under the regular application of these for upwards of two months, and no advantage having accrued from them, he determined at last on coming here. The pains over his joints were still very universal, almost every joint being more or less swelled, but they were not any where so severe as they had at first been. The swelling on the knee was very considerable, and a fluctuation was perceived, reaching from the patella, beneath the rectus muscle, nearly to the middle

middle of the thigh. The skin, however, was not discoloured, and the joint was still in some degree capable both of flexion and extension. But the symptom which gave him most uneasiness was the ulcer upon his shoulder, which had now extended from the top of the shoulder over the clavicle, and down to the middle of the humerus. It had already destroyed some part of the deltoid muscle, by which the motion of the arm was impeded, and a considerable portion of the clavicle was become carious.

This ulcer he had lately been informed was scrophulous, but as to me it had the appearance of being a venereal sore, I decidedly said so, and on inquiry I found that there was still farther cause for suspicion. About three months before he was first attacked with rheumatism two small chancres appeared upon the penis, which were removed in the course of eight or ten days with caustic and the use of a very small quantity of mercury. The quantity he could not exactly ascertain, but he knew

knew that he had not taken it for a week, and that his mouth had never been sore with it. I also found, that nearly about the time at which his shoulder became sore, an eruption had appeared upon different parts of his body, particularly among his hair and on his breast, but which till now he had not mentioned, as he had not supposed it to be of any importance. This, however, along with the other circumstances of his situation, determined me to advise a full course of mercury, to which he the more readily agreed from every other remedy having failed which hitherto had been tried.

He entered upon this course on the sixth of October. At first half a drachm of the blue ointment was rubbed in evening and morning, and one of the blue pills, with two grains of opium, were given at bedtime. The opium was necessary not only for preventing purging, but from the patient having been in the habit of taking it. At the end of ten days, as the mouth was not affected, nor any other symptom produced



produced by the mercury, the quantity both of pills and ointment was doubled. This, in the course of a fortnight, rendered the mouth exceedingly sore, and produced some salivation; but the uneasiness excited by this was amply compensated by the relief which during this period he had obtained. Although the pains in his joints had previously abated they had still given him much distress. This was almost entirely removed in the course of a day or two after his gums became sore; and being anxious to avoid the habit of taking opium, I found at the end of another week that he had left it off, and that he slept better without it than he had done for two years before. Still the knee continued nearly of the same size, but the sore on the shoulder was much better. Under the same dressings which he had for some time been using, the surface of the sore soon became clean; the discharge was of a better consistence, and much less offensive, and in some parts new granulations had begun to appear

The

The mercury was continued in such quantities to the end of the third month as was necessary to keep the mouth completely sore during the whole period, and during the course of the last of these months he drank daily an English quart of a strong decoction of sarsaparilla, guaiacum, and mezereon \*. At the end of six weeks all the swellings of the smaller joints, particularly those of the fingers, were removed, and even the fulness of the knee was considerably reduced. The sore on the shoulder was already contracted to one half of its former size, and at the end of another fortnight the whole was cicatrised excepting those parts of it that were seated upon the carious part of the clavicle. At this time too the knee had assumed a very different appearance. It was not only much lessened, but the fluctuation above the patella was entirely gone. No application had been made to it but a portion of the mercurial ointment, which

\* Vide Appendix, Vol. I. No. 47.

which, morning and evening, was rubbed upon it. In the course of the tenth week, a thin, long exfoliation took place from the clavicle, and the small fore which remained healed in a few days thereafter. He continued here for several weeks after the course was over, and on going away, although the knee was about an inch in circumference larger than the other, it gave him no uneasiness, not even in walking; but a very considerable degree of stiffness remained in the joint of the right shoulder, and which I informed him might probably continue for a great length of time, perhaps even for life, owing to a considerable part of the deltoid muscle being destroyed by the ulcer. In order to lessen this stiffness as much as possible, I desired, as soon as the skin was sufficiently firm to admit of it, that the whole shoulder and arm should be rubbed, evening and morning, with some emollient oil, and if not relieved, that he should go to Bath, and have the warm waters of that place pumped upon it. I found, however,

however, after two years had elapsed, although in every other respect he continued well, that his shoulder remained in nearly the same state as at first.

Many cases have fallen under my care of venereal pains which resembled rheumatism so much that it was difficult to distinguish of what nature they were; but in a great proportion of these, circumstances were discovered upon inquiry, by which the distinction was sufficiently well marked. In this, however, as well as in some others with which I have met, the symptoms were for a long while so evidently rheumatic that there was no cause to suppose that they were venereal. Venereal pains almost universally fix upon the middle parts of the limbs; very rarely upon the joints only. Now in this case the joints only were affected, as very commonly happens in rheumatism, and the patient had been much exposed to the most frequent cause of that disease, while no symptom occurred that had any appearance of being venereal till these pains had

had continued upwards of twenty months. The ulcer on the shoulder was the first symptom that created suspicion; for when I prescribed the mercurial ointment, it was not, I must acknowledge, from thinking that the patient was infected with Lues Venerea, but from experience of its utility in similar affections of the joints proceeding from other causes.

An officer of the navy, who had been exposed to hard service both in the East and West Indies, was seized with a severe degree of rheumatism in spring 1782. At first the pains were confined to the large joints, but afterwards a soreness prevailed over his whole body. He was about forty years of age, and till this time he had been strong and healthy.

All the remedies usually employed in rheumatism were advised. Flannel was applied, and the pained parts were rubbed with a variety of stimulating applications; blisters were applied to the parts that were most painful; sudorifics were used in various forms; and in the course of



the first three years he had used a great variety of baths. He bathed at first in warm salt water ; afterwards he went both to Buxton and Bath ; and last of all he had used the cold bath. No advantage, however, was obtained from any of these ; and at last the only remedy which he employed was a large dose of laudanum at bed-time.

He had frequently been liable to pain and some degree of fulness in the region of the liver, which he attributed to his residence in India. This, however, never gave him much uneasiness, till the winter of 1785, when a soft diffused swelling, larger than it had ever been, and accompanied with some pain, was perceived exactly on the site of the liver. The tumour became larger, and at last a fluctuation of matter was perceived in it. In this situation I first saw him in the month of April ; and the chief reason of my being called was to judge of the propriety of discharging the matter by an operation. This however, I found to be inadmissible. The  
matter

matter lay so deep that it did not point any where, and the fluctuation was very obscurely felt. I therefore in the mean time advised, that mercury, which he was then taking, should be given in greater quantities, so as to render his mouth completely sore, and, as he was much reduced, that his strength should be kept up with light nourishing food.

As he lived at a considerable distance I did not expect to see him again, neither did I hear of him, till the month of February thereafter, when I was again desired to visit him. A considerable change had taken place in the nature of his complaints and the following is the account which I received of them. His mouth had been rendered moderately sore with mercury, and in this situation it was kept for three weeks; but as it then gave him severe pains in his bowels, accompanied with purging, he did not afterwards use it in such quantities, nor was it judged necessary to do so, as the swelling, for which it was prescribed, was almost entirely carried

ried off by what had already been done. It was therefore given in such a manner as his stomach and bowels could easily bear; and this being continued for the space of a month longer, that is, for six or seven weeks in all, it was then left off. During this course of mercury the pains which had so long distressed him were much less severe, and at one period they left him almost entirely. While the weather continued mild in summer and harvest they did not recur; but about the end of October they became more severe than they had ever before been. A few weeks, however, previous to this, symptoms of a more hazardous nature had made their appearance. In the month of September he was attacked with anasarcaous swellings of his legs, and soon thereafter with ascites, which, notwithstanding the usual remedies employed in such cases, increased so quickly, that in the course of seven or eight weeks from the first approach of the swelling, it became necessary to draw the water off from his legs  
by

by punctures; and by the middle of December the distension of the abdomen was to such a degree that the operation of tapping was advised. These operations, however, had procured only a temporary relief; for although the punctures were often repeated, his legs, at the time of my being called to him, were much swelled, and his abdomen more distended than at any period before the operation.

The chief reason, however, for my advice being taken at this time, was the appearance of some hard painful tumours upon his forehead, legs, and arms, one of which upon his right arm on the outside of the ulna, and another on the upper part of the os frontis, had burst some weeks before, and were now discharging a considerable quantity of a thin foetid matter. The others, viz. two upon his forehead, one upon his left arm, and one upon each leg, were become very painful, and those on the head were discoloured, and contained such a quantity of matter as gave reason to think that they also would burst. The patient

was at this time much emaciated, but he had no fever, and his skin was softer and his discharge of urine more plentiful than they generally are in cases of dropfy.

As the tumours resembled venereal nodes, and as the peculiar fœtor of the discharge from the ulcers, together with their sloughy appearance, gave farther cause of suspicion, I found, upon inquiry, that in September 1781, about six months before he was attacked with rheumatism, chancres appeared upon his penis, and a bubo in each groin, but that these symptoms were easily removed by the use of a small quantity of mercury, and a short confinement of eight or ten days, and that he had not since that period run any risk of infection; that no other symptoms of the disease had appeared upon him, and that the only mercury he had used was that which was prescribed for the disease of his liver.

I now began to suspect that even the rheumatism with which he had been so long distressed was of the syphilitic kind,  
and



and my reasons for doing so were apparently conclusive. There was full evidence of infection being communicated, while it did not appear that he had taken half the quantity of mercury which the nature of the symptoms seemed to require. The pains occurred at such a distance from the other symptoms as tended to confirm the suspicion. They had not been relieved by any of the remedies which in the ordinary form of rheumatism prove commonly useful, while for some time they were almost entirely removed by the mercury employed for the diseased state of his liver. These considerations, connected with the present appearances of the tumours and ulcers, determined me to say that he was poxed, and that he should begin to use mercury in such a quantity as his present situation would bear, immediately upon the water in his abdomen being taken off, and which was done that very day.

Being afraid in his present state of debility of irritating his bowels by the in-

ternal exhibition of mercury, he was desired to use it in the form of unction only ; and his legs being still much swelled and tender, he was made to rub it upon his arms and abdomen. In the course of a few days his mouth became sore, and at the end of a fortnight he discharged three or four English pints of saliva daily. This was more than I wished for, so that he was desired to lessen the quantity of mercury ; but as his pains were soon almost entirely removed, and the distress which he had experienced from the tumours and ulcers being also much lessened, he was thereby so much convinced of the propriety of his present treatment that he was with difficulty prevented from carrying the course of mercury too far. Care, however, being taken, to support him with light nourishing food, and with a liberal use of wine, of which he took a bottle daily, he was enabled to bear the effects of mercury better than one in his state of health might otherwise have been expected to do. At the end of eight weeks, during which period

riod his mouth was kept constantly and fully affected, he had used twelve ounces of strong mercurial ointment. His pains were now entirely gone; the ulcers were cicatrised; and the tumours so completely removed, that excepting those on the forepart of the legs, none of them had left any fulness by which their former situations could be discovered. The matter contained in those upon the forehead, and which at one period was just ready to burst out, was entirely absorbed, and only a slight discolouring of the skin remained; but what was still more remarkable, no swelling had as yet occurred in the abdomen, and the anasarcons fulness of his legs and thighs was almost entirely gone, although the punctures last made in them had been closed upwards of three weeks. The mercury was continued for five weeks longer, during which period four ounces of ointment was rubbed in, by which the mouth was kept as fore as the patient could possibly bear it; and when at the end of the thirteenth week the mercury was left off,

no collection could be discovered in the abdomen; and excepting a slight œdema on the upper part of the feet, they were altogether free of swelling. Even this disappeared in the course of a few weeks; and at the end of six years, when I last heard of him, he remained in good health.

The circumstances of this case, while they give much cause to think that hydroptic symptoms may be induced by the virus of *Lues Venerea*, tend also to shew that mercury given in sufficient quantity will act with equal certainty in removing them as in the cure of any symptom of the disease. They also evince the power of mercury in the cure of that affection of the liver, to which many are liable who have resided in the East Indies; and that even the most advanced stages of that disease may be removed by a quantity of mercury that will not be sufficient for the cure of *Lues Venerea*. It also appears, from the result of this case, that the matter which sometimes forms in venereal nodes

nodes may be collected in considerable quantity, and yet carried off by mercury. It may be proper, however, to remark, that where this takes place the tumours in which the matter is contained begin to lessen almost as soon as there is evidence of the mercury having entered the system; and that when they do not diminish, the matter should be discharged by a proper opening, in order to prevent it from hurting the bone beneath.

About two years ago I was desired by a gentleman to visit his wife, who I found had been liable for more than a year, to what she considered as scorbutic spots upon different parts of her body, one of which, seated on the sternum, had about three months before ended in an ulcer. At first the sore did not exceed the size of a fixpenny peice; but at this time it was very extensive, reaching from one mamma to the other, and almost from the inferior point of the sternum to the top of it. It was foul, and discharged a thin foetid sanies. For upwards of three years she had been distressed



troubled with almost a constant head-ach, occasionally to such a degree, as to deprive her entirely of sleep for many days together, and on some occasions nearly of her reason. It did not, like the aguish head-ach, fix upon one spot, but affected every part of the head alike. She was now about thirty years of age, and her menstrual flux regular. Till attacked with these head-achs she was healthy and rather corpulent; but now she was much reduced, being almost entirely confined to bed with the violence of the pain, and she had scarcely any desire for food. Blood-letting, blisters, bark, cold-bathing, and a variety of nervous medicines, had all been tried in vain.

The eruption upon the skin, as well as the ulcer on the breast, having the true venereal aspect, I inquired at the husband whether he had of late been infected or not: He said that he had not, but he candidly informed me, that soon after his marriage, which happened more than four years before, when he had no reason  
to

to think that he was infected, for he had no connection with any woman for a fortnight before marriage, and after having remained well for a fortnight thereafter, a chancre had appeared upon the prepuce. Immediately upon this, he applied to a surgeon, and was cured: he had also every reason to think that his wife had escaped; for although she complained of soreness in the pudendum about the same period, it left her so entirely, and without any mercury being given, that the surgeon, by whose advice he was directed, had assured him that it must have arisen from some other cause. He also recollected that soon thereafter a painful tumour formed in one of her groins; but as it also went off without coming to suppuration, and without the assistance of mercury, he had not supposed even that this symptom could be venereal, particularly as she continued in perfect health till attacked with the head-ach; and no symptom of pox had ever appeared upon her, unless the eruption

eruption and ulcer already described should be of that nature.

From the whole of this history, the probability of the wife being infected with the venereal disease, and the necessity of a mercurial course were abundantly evident. Mercury was accordingly given. Opium, which she had hitherto employed for lessening the violence of her head-ach was continued, and the sore was dressed with common wax ointment. Her mouth became sore in the course of a few days, and before the end of a fortnight she was under some degree of salivation. The eruption soon began to lessen, and the sore from being exceedingly foul became clean and florid, at the same time that the headachs, for which no cure had been expected, left her entirely : Her mouth was kept completely affected ; the blotches disappeared altogether in the course of six or seven weeks, but the ulcer was not cicatrised till eleven weeks had elapsed. The mercury being continued three weeks longer was then laid aside, and neither the head-

head-ach or other symptoms have ever recurred.

In the month of July 1781, a young man about seventeen years of age, was put under my care in a very miserable situation. The account which I received of him was, that till his fourteenth year he was remarkably strong and healthy, and exceedingly clever. About that period he became delicate, and was taken from school, in order to have full attention paid to his health. Worms, and a variety of other causes were suspected to give rise to this state of delicacy, and various remedies were employed without effect, when after two years had nearly elapsed, sores appeared on different parts of his body; his eyes became tender and inflamed; at last he lost the use of one of them entirely, and about a year before I saw him he had been attacked with severe fits of epilepsy, which for the last two months had recurred several times a-day. He was now much emaciated, but his pulse was good,

good, and the fits had not impaired his judgment.

Till this time he had been under the management of a physician, a relation of his own, who, considering the complaints to be scrophulous, had prescribed bark, steel, cicuta, and sea-bathing; all of which as well as different remedies for the epileptic fits, having been tried in vain, all hopes of a cure were lost, and for a long while nothing had been done. My opinion was asked on account of the ulcers, some of which had of late become so painful that large doses of laudanum were required to procure rest. Besides several small ulcerated spots, there was at this time seven large foul ulcers on different parts of his body, none of which had given him much uneasiness while not deeper than the cellular substance; but having in different parts penetrated into the substance of muscles, they began now to impede the motion of the parts on which they were seated, which added much to the distress which they excited.

His



His left eye exhibited a very singular appearance. It was somewhat enlarged, and that part of the tunica conjunctiva, which in a state of health is white, was of a deep red colour, while all the prominent part of the cornea opposite to the pupil was much thickened, and white like paper. He still retained the sight of his right eye, which, however, was much inflamed, and in a state of great irritability.

As the ulcers had the appearance of being venereal, particularly one upon the right side of his nose, and another on one of the temples, where it had penetrated to the muscle, I said so to the young man himself, and he confessed that he had all along been afraid of this, but not being certain, and afraid of incurring the displeasure of his parents, he had never till now, that inquiry was made concerning it, had the resolution to speak of it. The information he gave me was, that when about fourteen years of age, he was infected by a woman with whom he had connection, and that his symptoms were

fores upon the penis, and a swelling in the groin. These by the use of mercury which he received from a young man, at that time a student in this university, were removed; but as he had not taken it in a regular manner, and only in small quantity, he had always entertained suspicions of the symptoms which ensued being the consequence of this infection. I now decidedly said that he ought immediately to take mercury, and he entered upon the use of it that very evening. It was employed in the form of unction, and all the sores, excepting that upon his nose, were dressed with common cerate, the only application which hitherto had been made to them. As the ulcer upon his nose had already begun to disfigure his face, I advised it to be touched with caustic every second or third day, in order to stop the progress of the disease as quickly as possible, and besides this it was dressed with basilicon and precipitate. As the mercury did not readily affect his gums he was desired to take two of the blue pills every night, and to  
continue

continue the same quantity of ointment which he had used from the first, namely, a drachm evening and morning. In the space of three weeks from the commencement of this course a considerable salivation was induced, which was afterwards kept up by the unction alone till the end of the fifteenth week. The ulcers became clean, and put on a healing appearance soon after the mouth became sore, and by the end of the ninth week they were all cicatrised; but the infection having been of long duration, and the symptoms more inveterate than usual, I did not think it proper to advise the use of mercury to be sooner left off.

The most remarkable circumstance, however, in this case was, the cure which took place during the course of mercury, of the fits of epilepsy. In less than three weeks the fits became less frequent, and not so violent as they had been before, and by the end of the sixth week they did not recur above once in three or four days. Long before the course was finished they

vanished entirely, nor was he ever distressed with them afterwards. His left eye still continued white and opaque, but the inflammation of the other being removed, he soon recovered the free power of vision of which he had long been deprived.

A married lady, twenty-six years of age, after being for some time distressed with severe head-achs, was attacked with epileptic fits, which at first were neither frequent nor severe, but recurred at last so often that she was commonly seized with three, four, or even more, daily. Preparations of copper and other remedies were employed without effect. In other respects her health was good, till at last, after the fits had been more than usually severe for eight or ten days, she became suddenly lunatic, from which time the epilepsy did not recur.

In this situation she was kept at home for three or four months, but there being no prospect of a recovery, she was at last put under the care of a family accustomed

to the charge of lunatics. Her keepers being desired to apply to me in the event of her health requiring particular attention, I was called to her after she had remained with them about two years, in order to give directions for the management of some sores which appeared in different parts of her body a considerable time before. Besides several small foul ulcers upon her toes and feet, there was one upon the wrist of her right arm; one upon her side, which had penetrated nearly to the ribs, and two upon the upper and back part of her head, where the cranium was found to be carious. These ulcers they informed me, were preceded by an eruption, which they considered to be scorbutic, but which I found upon inspection to be venereal. On this being stated to her husband he acknowledged that she might have been infected by him, but as she had never complained of any of the symptoms of Lues Venerea, he had hoped that she had escaped.



A course of mercury was advised, but her lunacy being of the most unmanageable kind, she could not be made either to swallow the medicine, or to admit of the use of it by unction. The latter might have been done by force, but the trouble of securing her twice a-day for that purpose would have been considerable. Finding that she was fond of oatmeal porridge, she was allowed to take them both to breakfast and supper, and with each meal her keeper was desired to mix a spoonful of a watery solution of corrosive sublimate, in which was contained three quarters of a grain of this preparation. No obvious effect appeared from it till nearly the end of the third week, when her breath became affected, and her gums sore and spongy; but although the same quantity of mercury was continued, no salivation took place. Simple dressings were applied to the sores. It became necessary, however, to make an incision along a considerable part of the left parietal bone, in order to discharge a quantity of fetid  
matter

matter lodging between the teguments and a portion of that bone, which was carious. All the rest of the sores soon put on a healing appearance. In the course of nine weeks they were completely healed, and during this period the maniacal symptoms also abated. In three weeks thereafter she became perfectly well, and no appearance of lunacy has since taken place, although several years have elapsed. The sore upon the left side of the head continued open for eight or nine months after the mercurial course was finished, owing to an extensive exfoliation from the parietal bone, which could not possibly be accomplished sooner.

These, as I have already observed, are only a few of a considerable number of cases of a similar nature which I might relate; but as the evidence which these afford may be considered as sufficient for establishing the opinions that I have ventured to suggest, any farther argument would be unnecessary. The histories which I have given are in proof, that the

syphilitic virus may remain for a great length of time in the system, without producing any of the ordinary symptoms of *Lues Venerea*: That other diseases altogether different from *Lues Venerea* in the form under which it usually appears, are, in some instances, induced by this virus. That the quantity of mercury commonly given in what is termed an alterative course may be sufficient for curing the existing symptoms of *Lues Venerea*, and yet altogether inadequate, however long continued, for removing the disposition. And lastly, although an alterative course, as it is termed, may repeatedly fail, that the syphilitic disposition, as well as the worst symptoms of the disease, may be removed by the proper exhibition of a full quantity of mercury.



APPEN-

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## A P P E N D I X.

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THE following Appendix contains formulæ of all the medicines enumerated in this volume, as well as of others occasionally employed by other practitioners in the cure of Lues Venerea.

No. 1. *Emplastrum hydrargyri, vulgo, Emplastrum cæruleum, vel mercuriale.*  
*Pbarm. Edin.*

R̄. Olei olivarum,  
Resinæ albæ, utriusque partem unam;  
Hydrargyri partes tres;  
Emplastri lythargyri partes sex.

Cum oleo et resina, liquefactis simul, et dein refrigeratis, teratur hydrargyrus, donec evanescant globuli; tum paulatim addatur

datur emplastrum lythargyri liquefactum,  
et omnia accurate misceantur.

No. 2. *Unguentum hydrargyri fortius, vulgo,*

*Unguentum mercuriale. Pharm. Lond.*

℞. Hydrargyr. purif. P. libras duas ;

Adepis suillæ præparatæ P. un-  
cias tres et viginti ;

Sevi ovilli preparati P. unciam  
unam.

Tere primum hydrargyrum cum sevo et  
tantillo adepis suillæ, donec globuli visum  
fugerint ; deïn adde quod reliquum est  
adepis, ut fiat unguentum.

*Unguentum hydrargyri mitius.*

℞. Unguenti hydrargyri fortioris  
partem unam ;

Adepis suillæ præparatæ partes  
duas : misce.

No. 3. *Pilulæ hydrargyri, vulgo, Pilulæ  
mercuriales. Pharm. Edin.*

℞. Hydrargyri,

Mannæ,





Mannæ, utriusque unciam unam;  
Pulveris glycyrrhizæ uncias  
duas.

Tere hydrargyrum cum manna in mortario vitreo, donec illius globuli visum penitus effugerint, addito prout opus fuerit, mucilaginis gummi arabici aliquantulo; dein pulverem glycyrrhizæ adjice, et aqua fiat massa, statim dividenda in pilulas quadringentas octoginta æquales.

No. 4. *Solutio mercurii gummosa, vulgo,  
Plenk's solution.*

℞. Mercurii vivi depuratissimi si.  
Gummi Arabici sii.

Terantur invicem in mortario lapideo, addito medio, cochleari aquæ fumarizæ, donec mercurius penitus dispareat in mucum. Exacte subactis admisce sensim conterendo,

Syrupi kermesini ℥ss.

Aquæ fumarizæ ℥viii.

Sum. mane et vespere, cochlearia duo.

Solutio

*Solutio Mercurii alia.*

℞. Hydrargyri. puriss̄ ʒii

Gummi Arabici ʒss.

Terantur invicem in mortario lapideo, addito medio, cochleari aquæ, donec hydrargyri in mucum dispereat. Huic subacto adde

Aquæ fontanæ ʒix.

No. 5.

*Mel Mercuriale.*

℞. Mellis;

Hydrargyri, utriusque unciam;

Terantur in mortario marmoreo donec hydrargyri globuli non amplius appareant.

No. 6. *Hydrargyri cum Creta, vulgo, Mercurius alkalifatus. Pb. Lond.*

℞ Hydrargyri purificati uncias tres;

Cretæ preparatæ uncias quinque.  
Tere simul, donec globuli visum fugerint.

No. 7.

No. 7. *Hydrargyrus calcinatus, vulgo, Mercurius calcinatus. Pb. Lond.*

R. Hydrargyri purificati libram unam.

Hydrargyrum in cucurbita vitrea, cui fundus planior sit, in balneo arenæ, caloris 600°, expone, donec in pulverem rubrum concreverit.

No. 8. *Hydrargyrus muriatus corrosivus, vulgo, Mercurius sublimatus corrosivus, Pb. Ed.*

R. Hydrargyri,  
Acidi nitrosi diluti, utriusque uncias quatuor;  
Muriæ exsiccatae;  
Ferri vitriolati exsiccati, utriusque uncias quinque.

Solvatur hydrargyrus in acido nitroso, et vaporet solutio in massam albam penitus ficcā; dein adde muriam et ferrum vitriolatum. Bene contrita et commixta indantur phialæ, quam fere dimidiam impleant;

pleant; et ex arena, primum igne leni, postea sensim aucto, sublimentur.

No. 9. *Hydrargyrus muriatus mitis, vulgo, Calomelas, sive mercurius dulcis.*

℞. Hydrargyri muriati corrosivi, in mortario vitreo triti, uncias quatuor;

Hydrargyri uncias tres cum semisse.

Terantur simul in mortario vitreo ad extinctionem hydrargyri; pulvisque phialæ oblongæ, cujus tertiam tantum impleat partem, inditus, ex arena calida sublimatur. Sublimatione peracta confractaque phiala, pulvis rubens circa fundum et albicans circa collum ejus pariter rejiciendus est, massa vero reliqua, ter quatuorve denno sublimanda, et in pulverem tenuissimum terenda.

No. 10.

No. 10. *Solutio mercurii spirituosæ.*

R. Mercur. sublimat. corros. gr. x.  
Solve in spirit. vin. Gallic. ꝯxvi.

No. 11. *Pilulæ e mercurio sublimato corrosivo.*

R. Mercurii sublimati corrosivi,  
Salis ammoniaci, utriusque grana  
decem;  
Aquæ distillatæ drachmam;  
Conservæ rosarum scrupulos duos;  
Pulveris radicis glycyrrhizæ, q. s.  
ut f. massa, in pilulas octaginta  
dividenda.

No. 12. *Aqua pbagedanica.*

R. Mercurii sublimati corrosivi scrupulum unum.

Solve in aquæ calcis libram unam.

No. 13.



No. 13. *Hydrargyrus nitratus ruber, vulgo,  
Mercurius precipitatus ruber.  
Pb. Edin.*

R. Hydrargyri,

Acidi nitri diluti, utriusque libram  
unam.

Solvatur hydrargyrus, lentoque igne  
vaporet solutio in massam albam siccam;  
quæ in pulverem contrita, et cucurbitæ  
vitreæ inditæ, torreatur igne, sensim auc-  
to, materia assidue bacillo vitreo agitata  
ut æqualiter incaleseat, donec ejus paux-  
illum, cochleari vitreo exemptum et re-  
frigeratum, squamulas splendentes rubras  
exhibeat. Tum vas ab igne removeatur.

No. 14. *Unguentum Hydrargyri Nitrati,  
vulgo, Unguentum Citrinum.*

R. Hydrargyri unciam unam;

Acidi nitrosi, uncias duas;

Axungię porcinae libras duas.

Digere hydrargyrum cum acido nitroso su-  
per arenam calidam, ut fiat solutio, quam  
calidissimam adhuc misce cum axungia  
porcina

porcina liquefacta, et denuo frigescente;  
strenue dein misturam, subige in mortario  
vitreo, ut fiat unguentum.

No. 15. *Hydrargyrus precipitatus cinereus,*  
*vulgo, Pulvis mercurii cinereus.*  
*Pb. Edin.*

R. Hydrargyri,  
Acidi nitrosi diluti, paria pon-  
dera.

Misce ut solvatur hydrargyrus, solutum  
aqua pura dilue, et adde aquæ ammoniæ  
quantum satis sit ad hydrargyrum penitus  
ab acido liberandum; pulvis dein aqua  
pura lavetur et exsiccat.

No. 16. *Hydrargyrus vitriolatus flavus,*  
*vulgo, Turpetbum minerale. Pb.*  
*Lond.*

R. Hydrargyri purificati libram  
unam;  
Acidi vitriolici uncias quin-  
decem.

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M m

Mista

Mista in vase vitreo, gradatim incallescant donec coëant, et materia igne acri penitus exsiccentur. Hæc, plurima aqua distillata calida affusa, statim flavescet, et in pulverem fatiscet, pulverem tere cum hac aqua in mortario vitreo. Postquam pulvis subsederit aquam effunde, et aqua distillata lava materiem donec saporis expers fuerit.

No. 17. *Pilulæ e mercurio acetato, vulgo, Trochisci Keyseri.*

- R. Mercurii acetati,  
Mannæ puriss.  
Pulv. gum. Arab. utriusque ʒi.  
Aquæ rosæ, q. s. ut f. massa, in  
pilulas sexaginta dividenda.

No. 18. *Pilulæ e mercurio tartarificato.*

- R. Mercurii tartarifat. ʒi.  
Pulv. rad. glycyrrhiz.  
Conserv. rosæ. utriusque ʒii.  
Mucilag. gum. Arab. q. s. ut f.  
massa, in pilulas sexaginta di-  
videnda.

No. 19.

No. 19. *Gargarisma e borace.*

℞. Borac. purif. ℥i.

Solv. in aquæ fontanæ bullientis

libram unam, et adde

Mellis optim. uncias duas.

No. 20. *Pilulæ Plummeri.*

℞. Calomelanos,

Sulphuris aurat. antimon. utri-

usque unciam.

Conserv. Rosar. q. f. ut fiat massa.

No. 21. *Decoctum ligni guajaci.*

℞. Rasur. ligni guajac. ℥iss.

Rad. glycyrrhizæ ℥ss.

Coq. in aq. fontanæ ℔ ii. ad

℔ iss.

Colaturæ, adde,

Sacchari, q. f.

No. 22. *Decoctum sarsaparillæ.*

℞. Radicis sarsaparillæ fissæ ℥iii.

Aquæ bullientis libras tres.

Infundantur per horas quatuor, dein expresso liquore probe contundatur radix, cui iterum adjice liquorem. Macera per horas septem, postea coque ad libras duas, et fortiter expremendo cola.

No. 23. *Decoctum rad. mezerei.*

℞. Corticis radice mezerei drachmam;

Radice glycyrrhizæ, drachmas duas;

Aq. fontanæ libras tres.

Coque ad libras duas.

Colaturæ, adde

Syrup. althææ unciam unam.

No. 24. *Pulvis ipecacuanhæ compositus, vulgo, Pulvis Doveri. Pharm. Lond.*

℞. Ipecacuanhæ,

Opii purificati duri, singulorum in pulverem tritorum drachmam unam.

Kali vitriolati in pulverem triti unciam unam. Misce.

No. 25.



No. 25. *Unguentum mercuriale album.*

℞. Unguent. simplic. Ph. Edin. un-  
cias duas;

Calomelanos drachmas duas.

Misce.

No. 26. *Unguentum mercuriale rubrum.*

℞. Unguent. basilic. Pharm. Edin.  
unciam unam;

Mercur. precip. rub. pp<sup>a</sup>. drach-  
mas duas. Misce.

No. 27. *Unguentum ex Æruginē.*

℞. Unguent. basilic. Pharm. Edin.  
unciam unam;

Æruginis pulv. scrupulum unum.  
Misce.

No. 28. *Unguentum saturninum, Pharm.  
Lond.*

℞. Cerussæ acetatæ drachmas duas;

Ceræ albæ P. uncias duas;

Olei olivæ M. libram dimidiam.

M m 3

Cerussam

Cerussam acetatem, in pulverem tritam, cum aliqua olei parte contere; deinde eam ceræ, cum oleo reliquo liquifactæ, adde, Misturam agita donec refrixerit.

No. 29. *Linimentum ceræ. Pbarm. Lond.*

℞. Ceræ albæ P. uncias quatuor;  
Spermatis ceti P. uncias tres;  
Olei olivæ M. libram unam.

Lento igne liquifacta assidue acriterque agita, donec refrixerint,

No 30. *Linimentum lapidis calaminaris.*

℞. Olei olivarum M. libram unam;  
Ceræ albæ P. uncias duas;  
Lapis calaminaris præparati, P.  
unciam unam. M. S. A.

No. 31. *Emplastrum lythargyri, vulgo, Emplastrum commune. Pbarm. Edin.*

℞. Lythargyri partem unam;  
Olei olivarum partes duas.

Adjecta aqua, coque, assidue agitans, donec oleum et lythargyrus coëant in emplastrum.

No 32.

No 32. *Muriated Barytes.*

This preparation is obtained by dissolving aerated barytes in muriatic acid. The process is not difficult, and I meant to have given a form of it; but as this article has never till of late been used as a medicine, as some varieties of the terra ponderosa have lately been discovered, and as it requires some discernment to distinguish them, I think it better, in a point of such importance, to refer to a more particular account of it than could be inserted in this place. This is the more necessary, as the medicine, even in its purest state, is of a nature that requires to be used with much caution; and particularly as many specimens of barytes are found to contain considerable quantities of lead, copper, and arsenic.

The account to which I allude is written by Doctor Adair Crawford of London, and is inserted in the second volume of Medical Communications. Doctor Craw-

M m 4

ford,

ford, besides giving an accurate detail of the effects of this medicine in scrophula and cancer, gives directions for detecting the admixture of other substances, and for regulating the doses. The dose should at first be very small, not more than seven or eight drops for an adult, and two or three for children of eight or ten years. I have found, however, when increased in a gradual manner that thirty drops may be given to an adult, and repeated two or three times a-day; but as Doctor Crawford very properly observes, the quantity should not be farther augmented after it begins to excite nausea or any disagreeable symptom. I even think, that in such circumstances it should for a few days be omitted, and the dose lessened on being again entered upon. In the trials that I have made with it, no harm has ever been done by it, while in many cases of obstinate sores, proceeding from scrophula, as well as from other causes, it has evidently proved useful. Since I had occasion to mention this remedy

medy in a former edition of this work, I have given it in upwards of three hundred cases; frequently in scrophula, sometimes in cancer, and often in those obstinate sores which sometimes remain after buboes, blotches, and other symptoms of Lues Venerea, even after a sufficient quantity of mercury is given. In cancer, no advantage has ever ensued from it; but although both in scrophulous and other sores, it has also in many instances failed, yet in others the most obvious benefit has been derived from it. Sores have healed while the patient was using this medicine, which previously had resisted all other means of cure; and I may farther observe, that the more experience I have had of it the more I am pleased with it. Where no effect has been produced by it on the disease for which it was prescribed it has seldom failed to excite appetite, and to improve the strength and general health of the patient. I therefore consider it as an important addition to our list of tonics.

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